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AUTHOR Newman, Murray A.

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ABSTRACT

The final report reviews activities of a federally funded 3-year project to develop and test a methodology for data collection regarding child abuse in Texas. Introductory sections review project activities, while the bulk of the document deals with regional pilot testing of two guides: the Procedural Guide for Needs and Resources Assessment, and the Procedural Guide for Resource Development and Coordination. Among results noted are that the procedures tested were considered to be a valid approach to identifying and serving the needs of abusive and neglectful families. Approximately one-half of the document is composed of four appendixes, including sample data collection instruments. (CL)

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Child Abuse and Neglect Resources Demonstration (CANRED) Project

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FINAL REPORT

on

Project 90-C-411

to

Research and Evaluation Division
Administration for Children, Youth and Families
U.S. Department of Health, Education and Welfare

August 31, 1978

Submitted by
the

Texas Department of Human Resources
Office of Financial and Social Programs
Research and Demonstration Branch
Murray A. Newman, Ph.D., Chief
John H. Reagan Building
Austin, Texas 78701
(512) 475-6272

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Preface

One of the major objectives of the Child Abuse and Neglect Resources Demonstration (CANRED) Project was to develop and test a methodology for the collection of data on needs and resources and use this data as a basis for conducting resource development and coordination activities for use by Protective services workers in assisting their clients. The project spanned three and one-half years, with the first six months devoted to planning. First full year project activities were devoted to development of the needs assessment methodology. The second year of the project involved the development of two procedural guides, one for needs and resources assesement and one for resource development and coordination. The final year of the project was devoted to the pilot testing of the CANRED Procedural Guide for Needs and Resources Assessment and the CANRED Procedural Guide for Resource Development and Coordination.

Although this final report will give an overview of the initial project undertakings, it will deal most extensively with the pilot testing of the two guides. Even though the pilot test involved the collection of data for 30 individual counties, it should be pointed out that these data were of incidental importance, as the testing of the two guides was the major objective of the pilot test. An overview of the data collected for the 30 counties is presented in this report as an appendix. Extensive data are available for each individual county participating in the pilot test and can be requested from the Texas Department of Human Resources, Research and Demonstration Branch, if desired.

Upon completion of the pilot test, the Department solicited comments from the pilot project director and staff. These comments are included in this report. The pilot test was a valuable undertaking in that it provided a testing ground for the two procedural guides and found them to be valid processes for data collection and developmental activities. The comments received from the staff involved in the test will assist in future implementation of these procedures.

Acknowledgments

We would like to express our appreciation to the many people who contributed to this effort. We would like to thank the National Center on Child Abuse and Neglect, Administration for Children, Youth and Families, U.S. Department of Health, Education and Welfare who funded this Project #90-C-411 through Public Law 93-244, the Child Abuse and Neglect Prevention and Treatment Act. Our appreciation also goes to Dr. Ramon Garcia and Mrs. Cecelia Sudia, Project Officers of the Research and Evaluation Division, Administration for Children, Youth and Families, for technical assistance and consultation.

Within the Texas Department of Human Resources, we are particularly indebted to Bobbie Matthews, Administrator of the Protective Services to Children Division and her staff for their interest in the outcome of the CANRED Project. We would also like to thank Regional Administrators Homero Rodriguez and Erwin Dabbs; Assistant Regional Administrator Terry Trimble; Regional Director for Social Services Bob Johnson; Lead Program Director for Protective Services W.T. Bono; Program Directors for Protective Services Kathryn Hibbert, Jan Stanley, and Kathy McGilvary for participation and assistance by them and their staff. Special recognition and thanks go to all members of the pilot project for their time and efforts during the testing of the procedural guides in the thirty counties of Region 6. These staff members include Michael Bruce, pilot director during needs assessment; Alice Craven, pilot director during resource development activities; and Linda Clark, Dorothy Gilliam, Chris Beckham, Betsy Davis-McElrath, and O'Shelia Owens, all CANRED worker staff. Special thanks also go to Cinda Cyrus, Manager of the Technical Communications Unit, Research and Demonstration Branch, and Martha Greenlaw, Don Keast, Mary Montoya, and Mary Anne Phelps of her staff for editing and production. Valuable secretarial support was also received from Lydia Perez of the Research and Demonstration Branch, and Elli Mussolino, Kelly Zegub, and Genie Kell of the CANRED Pilot.

Thomas J. Owens
CANRED Project Officer
Research and Demonstration Branch

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Introduction

BACKGROUND

The Child Abuse and Neglect Resources Demonstration (CANRED) Project was approved on January 1, 1975, for an initial six-month planning period as a resources demonstration project. Because of the evaluation focus and broad scope of the exploratory research, the project was later recategorized by the Office of Child Development of the U.S. Department of Health, Education and Welfare as a research and evaluation project. CANRED was funded by the National Center on Child Abuse and Neglect and was administered by the Texas Department of Human Resources, Office of Financial and Social Programs, Research and Demonstration Branch.

GOAL AND OBJECTIVES

The goal of the CANRED Project was to contribute, at both the regional and State office levels, to the Texas Department of Human Resources' ongoing efforts toward identifying, investigating, treating, and preventing child abuse and neglect. The project's goal was to be achieved through the following objectives, which were conceptualized as action areas.

The objective of Action Area 1 was to increase and improve the delivery of comprehensive child abuse and neglect services through the evaluation and improvement of the Department's Child Abuse and Neglect Report and Inquiry System (CANRIS) and the Public Information Campaign (PIC) on child abuse and neglect. Anticipated benefits were improved case management by protective services staff, increased awareness of child abuse and neglect by specialized professional groups, and earlier identification of cases through increased reporting.

The objective of Action Area II was to design and test specific methodologies, procedures, and instruments for conducting protective services needs and resources assessments. Anticipated benefits were the development and testing of a systematic method to identify service needs and resources for abused and neglected children and their families.

The objective of Action Area III was to develop procedural guides, including standard materials and procedures, for use by regional staff to identify service needs and resources and to develop and coordinate resources for specifically identified services. Anticipated benefits included the development of a systematic approach to identifying service needs and resources for developing and/or coordinating resources to bridge resource gaps and reduce barriers to service.

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Major Deliverables

Several major documents were prepared by the Child Abuse and Neglect Resources Demonstration (CANRED) Project as part of its funding requirements. These documents were the Public Information Campaign Evaluation Report (July, 1976), CANRIS Evaluation Report (July, 1976), Needs and Resources Assessment Report (September, 1976), Procedural Guide for Needs and Resources Assessment (June, 1977), and Procedural Guide for Resource Development and Coordination (June, 1977).

PUBLIC INFORMATION CAMPAIGN EVALUATION REPORT

The Texas Department of Human Resources' (DHR) Public Information Campaign (PIC) was a mass media campaign that used every affordable communications medium (including audiovisual materials, television, radio, newspapers, speeches, leaflets, posters, and phone stickers) to inform Texas citizens of the characteristics of the problems of child abuse and neglect, the recognizable signs of child abuse and neglect, the reporting laws and procedures, and DHR's role in protective services. Additionally, information packages (slide-sound shows, pamphlets, and local presentations) were developed for specialized audiences, which included day care personnel, medical professionals, law enforcement personnel, and community voluntary organizations.

The CANRED Project's evaluation of DHR's Public Information Campaign was designed to determine if PIC was effective in accomplishing its objectives directed toward educating the four specialized audiences in characteristics of the problem, recognizable signs, reporting laws and procedures, and DHR's role in protective services. A controlled experiment design was used to evaluate the effectiveness of the materials developed for day care personnel, law enforcement personnel, and community voluntary organizations. In this design, group members were assigned to matched groups with a control group tested before exposure.

The medical professionals were surveyed by mail to obtain information on their exposure to campaign materials and to examine the differences in their awareness based on their exposure to child abuse and neglect materials. Data were collected from secondary sources to assess the statewide impact of the Public Information Campaign.

The CANRED Project PIC evaluation found that the DHR Public Information Campaign on child abuse and neglect was effective in accomplishing the objectives of educating specialized audiences. The CANRED evaluation also noted certain topic areas within each information package that warranted strengthening. In addition, data collected from secondary sources indicated that the total number of Child Abuse and Neglect Report and Inquiry System (CANRIS) reports increased substantially after the campaign was implemented, as did referrals and utilization of the Child Abuse Hot Line. (Refer to CANRED's Public Information Campaign Evaluation Report, July 1, 1976, for a more detailed discussion of this evaluation.)

CANRIS EVALUATION REPORT

One of the objectives of the CANRED Project was to increase and improve the delivery of comprehensive child abuse and neglect services through the evaluation and improvement of current Department (protective services) case identification efforts. This objective was accomplished, in part, through an evaluation of the Department's central registry of reported cases of child abuse and neglect--the Child Abuse and Neglect Report and Inquiry System (CANRIS). The CANRED Project placed its emphasis on evaluating the system's compliance with its legal mandate and stated purposes.

Departmental printed material was surveyed for CANRIS-related information, and only those Departmental personnel who interact with CANRIS were identified as data sources. Protective services case records were identified as a data source because they contain documentation on the utilization of the system. Local child protective services staff were identified as a data source because of their legally mandated interaction with the system. Also, selected regional and State office staff who are required to interact with CANRIS were surveyed.

The CANRED Project evaluation of CANRIS found that the system was in partial compliance with its legal mandate and stated purposes. In order to bring the system into full compliance, several recommendations were made by CANRED--develop and implement policies on cooperation with other states; develop a plan to make local agencies aware of the registry; develop and implement training programs on the operational definitions of abuse and neglect, on the registration of all reports, and on updating the CANRIS Registration Form; and make minor revisions in output reports and distribute them more widely. (For more detailed information on this evaluation, see CANRED's CANRIS Evaluation Report, July 1, 1976.)

NEEDS AND RESOURCES ASSESSMENTS REPORT

The design and pilot testing of specific methodologies and instruments for conducting protective services needs and resources assessments was another objective of the CANRED Project. This objective was accomplished by developing, applying, and modifying instruments and procedures to identify specific types of services needed to protect abused and negleted children and to improve their families' functioning in the six sample counties. These instruments were also used to identify existing and potential resources that could provide certain needed services as well as gaps and barriers to services. This information was used as the basis for resource development and coordination activities in the sample counties. The sample counties represented urban as well as rural settings.

CANRED staff collected information from persons representing many perspectives within the selected counties in addition to current recipients of protective services and current service providers. Five data sources were identified to provide information--DHR protective services case records, DHR local and regional staff, community resources, Parents Anonymous members and protective services clients, and leaders of voluntary community organizations. The primary methods used to collect the data were the self-administered questionnaire, the interview, and a case-reading schedule. All of the instruments were pretested before the actual data collection.

Two general conclusions were identified through the analysis of the data. One conclusion was that there was a great variation among the sample counties in both services needed and in resources available. This observation substantiates the need for development of alternative approaches on needs and resources assessment and development to effectively respond to differing circumstances among the various types of counties. The second conclusion was that it was evident that a person's perception of the protective services needs and the resources available to meet such needs varies by the context of each individual's experience with child abuse and neglect. Responses from each data source tended to reflect the individual's involvement in and opinions about the probelms of child abuse and neglect. (For more detailed information, see CANRED's Needs and Resources Assessments Report, September 30, 1976.)

PROCEDURAL GUIDE FOR NEEDS AND RESOURCES ASSESSMENT

The Procedural Guide for Needs and Resources Assessment was designed to provide the user with specific survey techniques for performing the assessment process in a variety of settings. The techniques described in the guide are a refinement of the methodology developed and tested by the CANRED Project during its first full year of operation.

The introductory section of the guide focuses on the importance of needs and resources assessments and clarifies the needs and resources assessments function within the public agency setting. Also addressed

in this section are various considerations regarding time, funding, personnel, public relations, and cooperation as they relate to the organization and implementation of a successful needs assessment.

Information is provided to the user on the selection and utilization of data sources. Both primary and secondary data sources are addressed. Various sampling techniques and survey instruments are described to enable the user to select the appropriate tools to perform assessments in various settings. Descriptions and uses of various approaches to data collection (including the questionnaire, interview, and case-reading) are included. Procedures for data tabulation and analysis are also addressed. (Refer to CANRED's Procedural Guide for Needs and Resources Assessment, June 30, 1977, for more information.)

PROCEDURAL GUIDE FOR RESOURCE DEVELOPMENT AND COORDINATION

The Procedural Guide for Resource Development and Coordination was based upon information obtained from DHR local and regional staff efforts to develop and coordinate resources in the six sample counties during the first full year of project operation. It was designed to enhance local and regional staff efforts to develop and mobilize community resources to reduce or eliminate gaps and barriers to services for abused and neglected children and their families. This guide, combined with the Procedural Guide for Needs and Resources Assessment, represents the systematic approach to needs assessment, resource development and coordination developed by the CANRED Project.

The practical procedures delineated in this guide begin with the identification of specific problem areas to be addressed by resource development and coordination efforts. It outlines how local considerations (such as personnel, availability of funding, the sociopolitical environment, and legislative rules and regulations) are applied to the needs and resource assessment findings to determine which areas can be addressed realistically.

Information on developing a plan of action for addressing the resource development and coordination problems is included in the guide, too. This includes developing goals and objectives that are concise and measureable and that focus on the identified problem areas. In addition, scheduling and assignment of specific tasks for meeting the goals and objectives are addressed.

The major components of resource development and coordination (including information sharing, establishing support, implementation, and evaluation) are presented in the final section of this guide. An explanation of how many of the tasks and activities outlined in the plan of action can be related to several of the components of resource development and coordination is also in this section. (For additional information, refer to CANRED's Procedural Guide for Resource Development and Coordination, June 30, 1977.)

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Project Activity

PHASE ONE (JANUARY THROUGH JUNE, 1975)

January through June, 1975, marked the beginning of the start-up activities for the Child Abuse and Neglect Resources Demonstration (CANRED) Project. These activities included hiring staff, developing a detailed project plan, promoting departmental awareness of the project, planning and initiating methods of coordination and cooperation with the Texas Department of Human Resources (DHR) State and regional offices and advisory committees, selecting the six counties (Atascosa, Bexar, Guadalupe, Karnes, Kendall, and Webb) to participate in the demonstration, and collecting and reviewing information from agencies and published materials on protective services and child abuse and neglect.

PHASE TWO (JULY, 1975, THROUGH JUNE, 1976)

During phase two, the project developed the methodologies for the evaluations and the needs assessment. The project then made an evaluation of DHR's Public Information Campaign (PIC) on child abuse and neglect, an evaluation of the Child Abuse and Neglect Report and Inquiry System (CANRIS)--the Department's computerized central registry of reported cases on child abuse and neglect--and conducted a needs and resources assessment for protective services in the six demonstration counties.

The purpose of the PIC evaluation was to determine the effectiveness of information materials developed for specialized audiences such as medical professionals, day care personnel, law enforcement personnel, and voluntary community organizations. The CANRIS evaluation was made to determine whether the report and inquiry system complied with its

legal mandate and stated purposes. The purpose of the needs and resources assessments was to design and test methodologies for determining the services needed by abused and neglected children and their families, the services for which no resources exist, and the barriers to resource utilization.

PHASE THREE (JULY, 1976, THROUGH JUNE, 1977)

The CANRED Project used the information collected and analyzed in phase two to develop procedural guides on needs and resources assessment and on resource development and coordination. One guide contains materials and procedures that will enable DHR regional and local staff to identify and assess the service needs of abused and neglected children and their families and to determine the availability and use of community resources to meet those identified needs. The second guide contains materials and procedures for designing and applying strategies for resource development and coordination.

The project staff provided consultation to DHR regional and local staff regarding strategies for resource development and coordination. As a result of the phase two evaluation of CANRIS and PIC, recommendations for the modification of existing DHR policies and procedures were made. Planning was conducted with appropriate State office staff regarding these recommendations during phase three. In addition, a workshop on the major project findings and deliverables was conducted at the Second Annual National Conference on Child Abuse and Neglect. Dissemination of the major project findings and deliverables to interested individuals, organizations, and agencies on the national level was continued.

PHASE FOUR (JULY, 1977, THROUGH AUGUST, 1978)

During the final phase of the project, CANRED activities focused on several major tasks. First the project staff used the CANRED Procedural Guide for Needs and Resources Assessment to conduct a thirty-county regionwide protective services needs and resources assessment that involved collecting and analyzing data and compiling a report of the findings for each county. Secondly, the project used the assessment results and the CANRED Procedural Guide for Resource Development and Coordination as a basis for bridging the gaps and reducing the barriers to certain service needs as identified in the assessment. A third task was to identify needed revisions and modifications of the procedural guides that would facilitate their use statewide. The fourth major task during phase four was to disseminate the findings and modified materials to the appropriate DHR State office and regional staff. In addition, the project staff worked with appropriate regional staff to determine the feasibility of using the CANRED needs assessment materials in the development of the region's Legislative Appropriations Request (LAR) and the Title XX Comprehensive Annual Services Program Plan (CASPP). (Project activities conducted during phase four will be discussed in more detail in the following section.)

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Regional Pilot Test

The Child Abuse and Neglect Resources Demonstration (CANRED) Regional Pilot Test was conducted from July, 1977, to August, 1978. The pilot test was composed of two major components--testing of the CANRED Procedural Guide for Needs and Resources Assessment and testing of the CANRED Procedural Guide for Resource Development and Coordination. Staff for the project included a pilot project director, four children's protective services social workers, and a secretary. (During the second stage of the pilot there were changes at the pilot project director position and at two of the social worker positions.) The social workers were selected from the children's protective services units in Region 6 of the Texas Department of Human Resources (DHR). To ensure the effective delivery of services to the citizens of Texas, the State legislature has divided the State into 12 regions. Region 6, site of the pilot, encompasses 30 counties in central Texas and includes both rural and urban communities. The Texas county map (figure 1) shows the Department's regional boundaries and the site of the pilot project.

The major urban areas in Region 6 are Austin, the capital of the State (population, 410,000); Waco (population, 155,400); Bryan-College Station (population, 73,000); and Temple-Belton (population, 42,127). The ethnic population of the region is 12 percent Black, 16 percent Mexican-American, and 72 percent White. The eastern counties of Region 6 have substantial minority populations and are predominantly poor. For these counties, the economic base is agriculture. Ranching is the major industry in the western counties. The western counties of Region 6 are less populated, have significantly fewer poor, and are predominantly White. Region 6 is considered to be characteristic of the composition of the State. The region covers 25,639 square miles and has a population of 1,200,000. The CANRED pilot staff were officed at four different physical locations scattered throughout the 30 counties of Region 6. Activities during the regional pilot were monitored by a project officer at the State office.

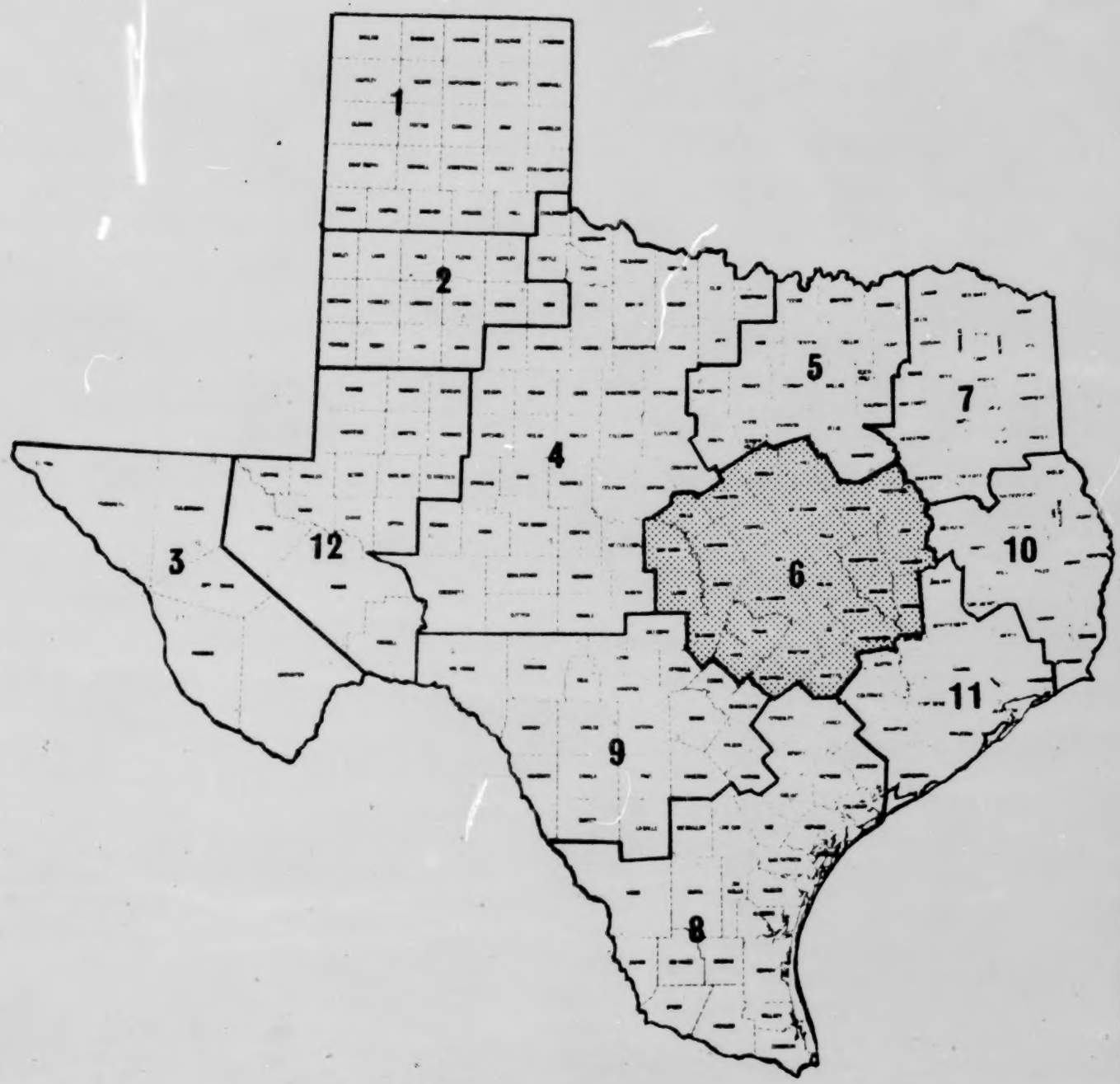

Figure 1. Texas Department of Human Resources regional service areas

STAGE I: NEEDS AND RESOURCES ASSESSMENT

One of the CANRED Project's objectives was to design and apply a specific methodology for conducting assessments of protective services needs and resources. During phase two of the project activity, the methodology was developed. The methodology was modified on the basis of test applications in the six sample counties during phase three of the project activity. This methodology was published as the CANRED Procedural Guide for Needs and Resources Assessment. A major task of phase four of the project activity was to pilot test the procedural guide on a regionwide basis. The focus of the pilot test was to determine the usefulness of the materials and procedures to regional staff and to identify any further modifications or additions that would enhance the value or feasibility of the project's application in all other DHR regions.

The data collected during the pilot test are not of major significance to this final report since the major task of the pilot was to test the procedural guide. An overview of these data are presented in Appendix A, and reports on the data collected in each individual county in the pilot test are available from the Research and Demonstration Branch of the Texas Department of Human Resources.

Since the pilot project actually tested the procedures published in the Procedural Guide for Needs and Resources Assessment, that guide should be used as a reference document to this section of the report. The procedural guide recommended the data sources to be used as well as the sampling and data collection procedures. The guide also recommended procedures for data tabulation, analysis, and presentation of findings. This section of the final report, then, is a documentation of the activities conducted during the pilot testing of the Procedural Guide for Needs and Resources Assessment.

The procedural guide acknowledged that limitations of time and money would not permit the use of all recommended procedures; therefore, some alternative procedures would have to be substituted as the only means of keeping within time and funding restrictions. The procedural guide recommended alternative procedures to meet these contingencies; and during the pilot test, the project had to use some of the alternative procedures.

The methodology for needs and resources assessment as described by the procedural guide does not attempt to assess the needs of all individuals or all parents and children in the community. The purpose of the assessment was to identify and assess--

- the service needs of the abused and neglected children and their families in a given county;
- the available and potential resources to meet those needs;

- o the barriers to the utilization of the available resources; and
- o the service needs for which no resources exist (service gaps).

The CANRED methodology for needs and resources assessment is designed to assess all the service needs for abused and neglected children and their families rather than only their need for protective services or specific support services (such as protective day care or homemaker services).

Ideally, such a methodology would assess the needs of all abused and negelcted children and their families. However, it is impossible to locate the abused and neglected children and their parents in a community unless they come to the attention of a local agency. Therefore, the information obtained using the CANRED methodology relates more specifically to abused and neglected children and their families who are receiving services from local resources.

Data Sources

In an effort to get a comprehensive view of the community's definition of needs, information was collected from sources and persons filling different roles in the service delivery system. The following data sources were chosen by the CANRED Project and surveyed by the pilot project:

- o DHR protective services case records;
- o DHR protective services delivery staff;
- o DHR protective services clients;
- o Other community resources;
- o Community and political leaders; and
- o Leaders of voluntary organizations.

Protective services case records provided information on services needed and resources used. There is no departmental policy that requires all client needs or resources that were used to be identified in case records. As a result, such information was not consistently available from this source.

Protective services delivery staff members were important sources of data because they have the primary responsibility for the management of cases of abuse and neglect through the maze of available services. However, there was also the possibility that they would define the needs in terms of currently available services or in terms of their own socioeconomic class biases.

Protective services clients were primary sources of information on their own needs and on the barriers and gaps they had encountered. Since information was gathered only from families that had come to the attention of local child welfare agencies, findings could only be related to this same population.

Other community resources, which deliver supportive services to abused and neglected children and their families, provided data on client needs, community resources, barriers to services, and gaps in available resources. However, in some instances, they did not know which of the clients utilizing these resources were actually abused and neglected children and their families. Additionally, as with protective service delivery staff, there was the possibility of class and organizational biases.

Community and political leaders were seen as potential sources of funding and support, although their perceptions of needs could possibly be subject to political considerations.

Leaders of voluntary organizations could not be expected to accurately reflect all of the attitudes in the community, but they did contribute to a picture of its overall perspective. In addition, they were also potential sources of support and funding for resource development and coordination.

The procedural guide recommended assigning weights to the information gathered from each data source in proportion to its judged level of knowledge about the problems of child abuse and neglect. Aggregating the weighted data across data sources would thus yield findings that draw upon the strengths of each of the sources. The following weights were recommended by CANRED and utilized during the pilot test: protective services delivery staff, 30; protective services clients and client groups, 25; staff of other community resources, 25; protective services case records, 10; political and community leaders, 5; and leaders of voluntary organizations, 5.

Sampling

Proper sampling of the CANRED data sources made possible the study of part of a group with the confidence of making inferences about the whole group. The procedures recommended by CANRED for insuring adequate samples from each data source and the procedures used during the pilot are described below.

Protective Services Case Records. During the CANRED pilot test, information from case records was collected by reading a random sample of cases drawn from each county according to the procedure recommended by the procedural guide.

Definition of the Research Element. The target population for the needs and resources assessment was abused and neglected children and their families. Protective services case records were sources of data on the needs of those members of the target population who come to the attention of the local child welfare agency. However, DHR protective services cases did not always contain information on all the members of a family. It was necessary that the research element be families rather than case records. Whenever the records of families were separated into individual case records, the records were collected and read as one family.

Definition of the Casereading Population and Sample. The population of case records consisted of all cases reported to the local office and opened for services within the twelve-month period ending three months before data collection began. For cases that were opened for service more than once, this refers to the most recent opening date. A twelve-month period was chosen as a trade-off between obtaining current needs and obtaining enough data for statistical manipulation. The twelve-month period ended three months before casereading was to occur because CANRED found nondictated cases were concentrated in the last three months before casereading. The population was divided into open cases and closed cases.

A list was obtained from each worker of all his or her cases for the last month of the twelve-month sampling period. Beside each case name a notation was made of the most recent opening date for that family and the location of any case folders of other family members. The lists were collected, and a composite, alphabetical list was produced, showing families whose cases were opened for services within the twelve-month sampling period and were still open. Notation was made of families whose children's and parents' records were in separate case folders so that they could be read together as one case if they became part of the sample. If a card index file of open cases existed in the county, it was used as an alternative or a cross-check in developing the list of open cases. Some flexibility was granted to vary the definition of the casereading population in some of the counties. For example, reading all cases that were open and receiving services during the designated timespan, even though the case may have been opened at an earlier date; or reading only valid referrals as opposed to all cases that were reported to the local office. Since the final data were aggregated on a county-by-county basis and not across counties, these definitional variations did not confound the validity or utility of the research findings.

There is no statewide procedure for the filing or indexing of closed cases. Therefore, different procedures were required in each county for delineating the frame of all closed cases that were opened for services most recently within the twelve-month sampling period. When there were no index cards, each case folder was scanned for the most recent opening date. The same was true when it was impossible to tell from the index card when the case was opened or whether it was still open.

Drawing the Sample. Once the alphabetized lists of open cases and closed cases reported within the twelve-month sampling period were prepared, the sample from each was drawn. At least thirty cases had to be sampled from each stratum (open and closed) for statistical manipulations to be possible and for extrapolations to the total population to be made. In any county where there were fewer than thirty cases per stratum, a sample was not drawn, and the entire population was read. The procedural guide recommended the sample sizes (table 1) that were utilized by the pilot project.

Table 1. Recommended Sample Sizes for Case Records

Cases in Each Stratum	Sample Percent	Sample Size per Stratum	Total Sample (Both Strata)
0-30	100	0-30	0-60
31-60	100	31-60	62-120
61-100	50	30-50	60-100
101-200	30	30-60	60-120
201-400	15	30-60	60-120
401-800	8	32-64	64-128
801-1,600	4	32-64	64-128
1,601-3,200	2	32-64	64-128
3,200 or more	1	32 or more	64 or more

Both primary and alternate samples were drawn from each stratum according to the recommended percentages. Any case from the primary list that proved unavailable for casereading was replaced with a case from the alternate list.

Protective Services Delivery Staff. The pilot project followed the recommendation of the procedural guide that all protective services supervisors, workers, and community aides in each county be included in the survey as sources of data from the protective services delivery staff.

Protective Services Clients. The procedural guide recommended that the procedure for sampling clients be identical to that for case records with the exception that only current clients from open cases be surveyed. However, two different sample sizes were proposed because of the amount of staff time required to interview clients. The preferred sample size shown in table 2 is similar to that recommended for case records.

Table 2. Recommended Sample Sizes for Clients

Current Client Families	Sample Percent	Sample Size
0-30	100	0-30
31-60	100	31-60
61-100	50	30-50
101-200	30	30-50
201-400	15	30-60
401-800	8	32-64
801-1,600	4	32-64
1,600-3,200	2	32-64
3,200 or more	1	32 or more

The alternative proposed was that the sample size be as many clients per county as there were protective services delivery staff. This would not yield a probability sample from which extrapolations could be made to all clients, but it would yield information on what some clients perceive as their needs. The choice between the two options depended on funding level and staff time. Because of time and funding limitations, the pilot project followed this alternative recommendation with two exceptions. Three clients were interviewed from the case load of each protective services caseworker, and clients considered most willing and capable of responding to the interview were purposively selected by caseworkers. Because some caseworkers were responsible for clients in more than one county, the caseworkers' lists of three clients chosen to be interviewed left some counties without representation for the client data source. Therefore, the findings for this data source are reflected only in counties from which clients were interviewed. Because of the small number of clients interviewed and because those clients were a purposive (as opposed to a probability) sample, findings could not be generalized.

Other Community Resources. The other community resources were public and private human service providers in the county. Medical, educational, social, and legal service providers (individuals and those associated with an agency, institution, or facility) were surveyed. The procedure for delineating all the service resources in a county varied, depending upon the availability of resource directories for the different counties. Resource directories were often available from community welfare planning and coordinating bodies, United Way organizations, and councils of government. Besides case records and resource directories, other sources that were used to compile a listing of all the resources in a community included telephone directories, chambers of commerce, coordinating bodies, local protective services delivery staff, and the regional human resources coordinator.

When there was a resource directory, it provided the names and addresses of the agencies in the community. Some large counties had multilevel, multilocation agencies. This usually occurred in agencies such as MHMR agencies, housing authorities, and county public hospitals. Only the chief administrator was included in the list. The listing of other community resources included DHR county administrative staff in financial services and social services.

The names of community resources and especially individual service providers (doctors, dentists, psychiatrists, psychologists, visiting teachers, visiting nurses, lawyers, and school and day care personnel) who had worked with protective services clients were found in the case records. Therefore, the case records had to be read prior to finalizing the list of community resources. Other sources were also consulted. The names of schools, hospitals, and social service organizations were obtained from the yellow pages of the telephone directory; and the city, county, State, and Federal listings were obtained from the white pages. A list of day care centers was obtained from DHR regional day care licensing staff. Mail-out questionnaires or interviews were the options available for obtaining data from other community resources. If the mail-out questionnaire option was used, no sampling would be necessary because questionnaires could be mailed to everyone on the list. If data were to be collected by interview, the list of community resources would be alphabetized and a random sample drawn as described in the preceding paragraphs on case records. The pilot project used the mail-out questionnaire option.

Community and Political Leaders. The community and political leaders data source was composed of persons with formal or informal standing in the community who were not already included in another data source. Specifically, this data source included elected city and county officials, members of county child welfare boards, members of child abuse councils, child welfare or social services advisory committee members, clergymen, and neighborhood leaders. The procedure for delineating all the members of this group was, for the most part, simple. The names of local elected officials were obtained from the public library or by calling the county courthouse and city hall. The names of members of advisory bodies were obtained from the regional or local protective services staff. The names of clergy leaders were obtained from the local ministerial alliance, which was located in the telephone directory yellow pages under the heading "Church Organizations." The only way to find the names of neighborhood and other informal leaders was to consult with local staff, Community Action Programs (CAP) staff, newspaper staff, civic leaders, clergymen of churches in the neighborhood, and others who knew the community.

Leaders of Voluntary Organizations. The voluntary organizations surveyed were service-oriented clubs and associations that encouraged

social, civic, fraternal, cultural, religious, or educational objectives within the community. The following types of voluntary organizations were not included: business, professional, trade, political, adult recreational, and patriotic. Welfare organizations were listed with other community resources though they could have been voluntary in nature.

A list of voluntary organizations was available from the various councils of government. Alternate sources for the list were local staff, chambers of commerce, or the yellow pages of the telephone directory under "Clubs."

Data Collection

Data collection for needs and resources assessments involved obtaining input from a wide range of data sources and using a variety of data collection methods. Each data source presented characteristics and variables that the assessment staff had to consider when selecting the appropriate survey technique. No single data collection technique was suitable for all data sources. In addition, the assessment staff had to take into consideration the constraints of funding and time when selecting survey methods since cost and application time vary from technique to technique. Also, response rates are related to the survey method used for interrogating particular data sources.

All the data collection instruments published in the procedural guide and used by the pilot project were designed, pretested, revised, tested, and again revised by CANRED Project staff during earlier phases of the project. Appendix B contains samples of the data collection instruments.

Casereading. Case records contained information about staff perceptions of clients needs and the resources used to meet those needs. The two documents in the case records that were used in assessing needs and resources were the case narrative and the Childrn's Protective Services Intake and CANRIS Report (Form 2202). Case records had to be read prior to the collection of data from other community resources because case records were one source for the sample of resources.

The casereading instrumentwas designed to collect information from two areas: (1) general sociodemographic characteristics such as the county, number in family, referral source, problem, case status, and disposition and, (2) a comprehensive listing of possible service needs with corresponding space for indicating the provider of services.

The Interview. The most effective data collection technique is the one-to-one personal interview. This allows for maximum interaction between interviewer and respondent, provides for interpretation or clarification of responses, and usually achieves a very high response rate. It is, however, a very costly and time-consuming technique and is generally not attempted with large surveys unless there is sufficient staff and funding to support such an effort. Care must also be taken to assure that data are not biased by the interviewer's assumptions or interpretations.

The procedural guide considered the personal interview necessary when clients were the data source because their level of sophistication or education might have restricted their abilities to respond to other survey methods. The interviewer was permitted to provide support to the respondent, offer help in understanding the purpose and content of the survey, and engage in public relations at the citizen-agency level.

Initial contact with the respondent was made by the client's current protective services caseworker before the actual interview. The goal of this contact was to schedule a date for the interview and to explain its purpose. Staff emphasized the confidentiality of client responses and attempted to put the client at ease about participating in the process. The interview guide for clients included sociodemographic characteristics and open-ended questions relating to service needs, gaps, and barriers. The interviews lasted about one hour and were administered in the client's home by project staff members experienced in working directly with clients. Staff did not interview a client with whom they had worked in the past.

Whenever possible, the interview was conducted with the person in whose name the case was carried (i.e., the person on the sample list). When the person in whose name the case was carried was unavailable for interview, staff did, as a final alternative, conduct the interview with the other parent figure. Since the clients interviewed by the pilot project staff were selected purposively rather than randomly from the open case universe, the impact upon the sampling design was not a relevant factor for this decision. Although pilot project findings from client interviews could not be generalized to the client population, the information gathered did lend insight to what some clients see from their unique perspective to be needs, barriers to resource use, and service gaps.

The Questionnaire. The questionnaire is perhaps the most widely used technique for data collection and is much more economical than the person-to-person interview. A larger sample can be surveyed within funding and staff constraints.

Data sources such as protective services delivery staff, other community resources, voluntary organizations, and political and community leaders provided input into the assessment process by completing questionnaires. Because the questionnaire was usually mailed to the respondent who had to complete the form without individual support from the assessment staff, it was critical that the purpose and content be clearly explained in a cover letter.

Protective Services Delivery Staff. The questionnaire for DHR protective services delivery staff collected information on job tenure, job level, and the area of protective services in which the respondent was working. Open-ended questions relating to service needs, resources utilized, barriers to services, and gaps in services were also included.

The ideal method of collecting information from this data source would be through interviews. Because of factors such as available staff and time constraints, a more realistic approach to data collection was the administration of the questionnaire to small groups with an assessment staff member present to answer questions. This latter option was used by the pilot project whenever small groups agreed. It was found, though, that protective services staff preferred to answer and return the questionnaires individually.

Other Community Resources. Two questionnaires were developed for surveying community resources. The first questionnaire was composed of open-ended questions relating to service needs, resources utilized, barriers to services, gaps in services, and resources in need of expansion. This instrument was mailed to the sample of agencies, organizations, institutions, and facilities such as hospitals, schools, DHR staff not in protective services, and mental health clinics. The cover letter requested that the questionnaire be completed by a staff member who was familiar (if possible) with child abuse and neglect. The second instrument, for individual service providers, was composed of almost the same open-ended questions as those in the questionnaire for agencies, organizations, institutions, the only exception was that the questions about resources utilized were not included. This instrument was mailed to individual providers such as physicians, attorneys, psychologists, and psychiatrists not affiliated with agencies.

Voluntary Community Organizations The questionnaire for voluntary community organizations was composed of open-ended questions designed to identify service needs and the respondent's current and potential level of participation in the provision of services needed by families and children involved in abuse and neglect. This questionnaire was mailed to the leaders of voluntary clubs and groups in the community.

Political and Community Leaders. The instrument for surveying political and community leaders was composed of open-ended questions relating to service needs, gaps in services, service priorities, the respondent's role in combating the problem of abuse and neglect, and services they would support or endorse. This questionnaire was mailed to individuals such as elected county and city officials, clergymen, child welfare board members, neighborhood leaders, members of advisory bodies, and members of child abuse councils.

Presentation of Findings

For each of the 30 counties participating in the pilot test, a report of findings was prepared. Standard reporting forms were developed to present the descriptive information collected on each data source surveyed.

Protective services case records descriptive information includes a breakdown of the cases read by their status, type, and disposition.

The cases, either open or closed, were categorized into intake, ongoing, or foster care. Figure 2 shows a sample of the form used to present protective services case records descriptive information. Some cases were included in more than one category. For example, a case record as defined by the pilot project could include a child's record in foster care and his parents' record in ongoing. Case type is reflected by a case involving either abuse, neglect, truancy, runaway, unwed parenthood, or children in need of supervision. Again, some cases involved more than one problem area and appear in more than one category. The information on case disposition provides the number of cases read that were valid or invalid and whether the family had moved, disposition was uncertain, potential for abuse or neglect was identified, and no disposition was recorded. The number of cases read by the number in the family is also presented.

Descriptive data on protective services delivery staff provide the number of staff surveyed by their job level. The area of specialization (intake, ongoing, foster care, or preadoption) is indicated for each staff member surveyed. Some staff, generic workers, are not specialized and have responsibility for more than one function area. Generic workers handle intake, ongoing, foster care, and preadoption functions. Figure 3 shows a sample of the form used to present delivery staff data.

The protective services clients sample is described by age groups, sex, race, marital status, financial status, and educational status. The numbers of clients surveyed by the number of children and the ages of the children are given. Information is also provided on the number of clients surveyed who have their children living with them as opposed to some kind of alternate care arrangement and whether or not there is anyone else living in the home. A sample of the form used to present the client sample is shown in figure 4.

The community resources sample description includes information on the number of questionnaires mailed to and returned by individual service providers and agencies, organizations, institutions, and so forth for each of the four professional types (medical, legal, educational, and social). Figure 5 shows a sample of the form used to present this information. Political and community leaders and voluntary organizations were sampled in the same manner, and figures 6 and 7 show samples of the forms used to present this information for these data sources.

The needs and resources assessment generated the following information as final products of the assessment effort.

- The ten service needs mentioned most frequently by each of the following data sources:

  Protective services case records
  Protective services delivery staff
  Protective services clients
  Other community resources
  Community and political leaders
  Leaders of voluntary organizations

Table 3. Protective Services Case Records
Descriptive Data: A Texas County

Classification	Number
Cases in the county (casereading universe)*	1582
Cases read (casereading sample)	89
Case status	
Open cases read	51 (6 % Random Sample
Closed cases read	38 (4 % Random Sample
Intake cases read	43
Ongoing cases read	37
Foster care cases read	20
Case type	
Abuse	37
Neglect	49
Truancy	4
Runaway	4
Unwed parenthood	2
Children in need of supervision	3

*Casereading Universe
Open Cases - All cases that were open and receiving services anytime between June 1, 1977 and June 30, 1977 regardless of opening date or validity.

Closed Cases - All cases that were open and receiving services anytime between July 1, 1976 and June 1, 1977 regardless of opening date or validity. These cases have been closed before June 1, 1977.

Figure 2. Sample form for presenting protective services case records descriptive data

Table 3. Protective Services Case Records Descriptive Data: A Texas County (continued)

Classification	Number
Case disposition	
Valid	61
Invalid	8
Moved	3
Uncertain	6
Potential identified	11
Nothing recorded	
Number in Family	
Two	7
Three	28
Four	20
Five	13
Six	12
Seven	5
Eight	3
Nine	
Ten	
Eleven or more	1

Figure 2. Sample form for presenting case records descriptive data (continued)

Table 4. Protective Services Delivery Staff
Descriptive Data: A Texas County

Classification	Number Surveyed
Number of staff surveyed	36
Staff by job tenure	
0 - 5 months	2
6 - 11 months	3
1 - 2 years	10
2 - 5 years	17
5 or more years	4
Staff by job level	
Public Welfare Supervisor III	
Public Welfare Supervisor II	1
Public Welfare Supervisor I	5
Public Welfare Worker III	8
Public Welfare Worker II	11
Public Welfare Worker I	1
Community Service Aide III	1
Community Service Aide II	
Community Service Aide I	1
Staff by area of specialization*	
Intake	14
Ongoing	20
Foster Care	7
Pre-adoption	5

*Note: Some staff have more than one area of specialization.

Figure 3. Sample form for presenting protective services delivery staff descriptive data

Table 5. Protective Services Clients Descriptive Data: A Texas County

Classification	Number Surveyed
Number of clients selected to be surveyed	11
Number of clients actually surveyed	11
Number of clients not surveyed (Reasons:	
Age of surveyed clients	
15 and under	
16 to 20	1
21 to 25	1
26 to 30	2
31 to 35	4
36 to 40	
41 to 45	1
46 to 50	1
51 and above	1
Sex of surveyed clients	
Male	2
Female	9
Race of surveyed clients	
Afro-American	6
Asian-American	
Euro-American (Caucasian)	2
Mexican-American	3

Figure 4. Sample form for presenting protective services clients descriptive data

Table 5. Protective Services Clients Descriptive Data: A Texas County (continued)

Classification	Number Surveyed
Marital status of surveyed clients	
Single	5
Married	2
Separated	2
Divorced	2
Widowed	
Financial status of surveyed clients	
AFDC only	4
Less than $2,000	
$2,000 to $5,000	5
$5,001 to $10,000	2
$10,001 to $15,000	
Over $15,000	
Educational status of surveyed clients	
Less than 6th grade	3
7th to 9th grade	1
10th to 11th grade	3
High school graduate	4
Years of college	
One	
Two	
Three	
Four	
Years of graduate school	
One	
Two	

Figure 4. Sample form for presenting clients descriptive data (continued)

Table 5. Protective Services Clients Descriptive Data: __ A Texas County (continued)

Classification	Number Surveyed
Number of children of surveyed clients	
1	2
2	1
3	3
4	
5	1
6	
7	2
8	
9	
10 or more	1
Ages of children of surveyed clients	
Under 1 year	2
1 year	5
2 years	5
3 years	1
4 years	1
5 years	1
6 years	2
7 years	1
8 years	3
9 years	3
10 years	3
11 years	4
12 years	3
13 years	3
14 years	2
15 years	2
16 years	1
17 years	
18 years	

Figure 4. Sample form for presenting clients descriptive data (continued)

Table 5. Protective Services Clients Descriptive Data: A Texas County (continued)

Classification	Number Surveyed
Are your children living with you?	
Surveyed clients responding "no"	0
Surveyed clients responding "yes" *	11
Is there anyone else in the home?	
Surveyed clients reponding "no"	8
Surveyed clients responding "yes"	3

* Three of these families had some children out of the home.

Figure 4. Sample form for presenting clients descriptive data (continued)

Table 6. Response Rate by Community Resources to Questionnaires in a Texas County

Professional Type	Number Mailed	Number Returned	% of Return
Individual service providers			
Medical	70	9	13
Legal	62	15	24
Educational	9	4	45
Social	126	23	18
Total:	267	51	19
Agencies, organizations, institutions			
Medical	8	4	50
Legal	15	7	47
Educational	61	14	23
Social	42	11	26
Total:	126	36	29
Grand Total :	393	87	22

Figure 5. Sample form for presenting response rate by community resources

Table 7. Response Rate by Political and Community Leaders to Questionnaires: A Texas County

Type of Leader	Number Mailed	Number Returned	% of Return
Political	115	11	9.5
Community	113	23	20
Total:	228	34	14.5

Figure 6. Sample form for presenting response rate by political and community leaders

Table 8. Response Rate by Voluntary Organizations to Questionnaires A Texas County

Number Mailed	Number Returned	% of Return
19	0	-

Figure 7. Sample form for presenting response rate by voluntary organizations

- o The ten primary service needs--the weighted scores from each of the six data sources totalled to yield the ten highest scores.
- o Available resources identified by county for each of the ten primary needs
- o Barriers identified as associated with each of the primary needs
- o Gaps--services needed that are not available or need expansion

To identify the ten needs most frequently mentioned by the data sources, manual tabulations were maintained. These tabulations of the responses from each instrument were then summed to identify the ten most frequently mentioned needs for each data source. Figure 8 is an example of the format used for listing the ten most frequently mentioned needs for each data source.

In order to obtain an aggregate needs list, or primary needs list from the combined six data sources, weights were assigned to each data source. The weighting of data sources is a subjective judgment, but, if systematically applied, it can reflect a sort of "consensus." In the CANRED application of the methodology, weights were assigned in proportion to the judged level of knowledge about child abuse and neglect. The following weights were recommended by the procedural guide and utilized during the pilot test: protective services delivery staff, 30; protective services clients and client groups, 25; staff of other community resources, 25; protective services case records, 10; political and community leaders, 5; and leaders of voluntary organizations, 5. For the top ten needs of each data source, the reversed rank order of each need was multiplied by the weight assigned to that data source. For example, protective services case records were assigned a weight of ten, and each of the needs from that data source had a rank ranging from ten for the most frequently mentioned need to one for the least frequently mentioned (fig. 8).

In some of the lists, there was more than one service need with the same number of respondents who indicated this to be a service need. These were called ties. When a tie existed, each service need included in the tie represented a separate position on the rank order listing of the most frequently mentioned service needs. These were listed on the presentation form as shown in figure 9. For example, if three service needs are tied for the seventh most frequently mentioned service need, they appear in the rank order listing as the seventh, eighth, and ninth most frequently mentioned service needs. To calculate the weighted scores for ties, the reverse rank order of each of the tied service needs was multiplied with the data source weight. The weighted scores were then added to give a total of available points. The total available points were divided by the number of service needs tied to give the weighted score to be assigned to each of the tied service needs (see fig. 9).

Table 9. Ten Service Needs Most Frequently Mentioned by Protective Services Case Records in A Texas County

Rank Order	Service Need	Reverse Rank Order	Weighting Points	Computation for Tied Scores	Weighted Score
1.	General Health Services (61)	10	X 10 =		100
2.	Transportation (47)	9	X 10 =		90
3.	Financial Assistance (26)	8	X 10 =		80
4.	Pub. School Affil. Outr. (24)	7	X 10 =		70
5.	Mental Health Diagnosis (23)	6	X 10 =		60
6.	School Counseling (21)	5	X 10 =		50
7.	Educational Advocacy I & R (19)	4	X 10 =		40
8.	Emergency Foster Care (17)	3	X 10 =		30
9.	Legal Services (15)	2	X 10 =		20
10.	Dental Services (11)	1	X 10 =		10
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					

NOTE: The numbers in parentheses represent the number of families + adults + children indicated by case records as needing the service. Brackets show service needs that were indicated the same number of times.

Figure 8. Example of format used for listing ten most frequently mentioned needs

Table 9. Ten Service Needs Most Frequently Mentioned by Protective Services Case Records in A Texas County

Rank Order	Service Need		Reverse Rank Order	X	Weighting Points		Computation for Tied Scores	Weight
1.	General Health Services	(74)	10	X	10 =			100
2.	Financial Assistance	(50)	9	X	10 =			90
3.	Transportation	(45)	8	X	10 =			80
4.	Educational Advocacy I&R	(37)	7	X	10 =			70
5.	Legal	(31)	6	X	10 =			60
6.	Ongoing Foster Care	(21)	5	X	10 =			50
7.	Clothing	(19)	4	X	10 =	40	$\frac{90}{3} = 30$	30
8.	Inpatient Hospital	(19)	3	X	10 =	30		30
9.	Dental Services	(19)	2	X	10 =	20	90 total avail. pts.	30
10.	Day Care	(16)	1	X	10 =			10
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								

NOTE: The numbers in parentheses represent the number of families + adults + children indicated by case records as needing the service. Brackets show service needs that were indicated the same number of times.

Figure 9. Example of listing and computation for tied scores in most frequently mentioned needs

Each need was then ranked in order of total weighted scores across data sources to identify the top ten primary needs as reflected by all data sources used. Figure 10 is an example of the format developed to show the rank order listing and data source weighted scores. Because of the occurrence of ties, some of the lists extended to more than ten service needs. The primary needs list is the focal point from which resources used, barriers to resource use, and gaps in services are identified.

Service gaps corresponding to each of the primary needs were identified by protective services staff and clients, other community resources, and political and community leaders. These gaps are defined as services either not available or available but in need of expansion. Figure 11 is an example of the format for identifying service gaps associated with primary needs by data source.

Resources used to meet each of the primary needs were identified by the protective services case records, protective services delivery staff, community resources, and voluntary organizations. Figure 12 is an example of the format used to show the resources and the barriers to resource use as perceived by data sources. Protective services staff, their clients, and other community resources responded to the survey concerning barriers to the utilization of particular resources. The barriers for resources corresponding to a primary need were summed across agencies for each barrier category and for general purposes. Tabulations on agency specific barriers to resource use were available for in-house use during the resource development and coordination phase of the project. A legend for the barriers appearing in figure 12 appears as figure 13.

Dissemination

A report of findings was prepared for each of the 30 counties participating in the pilot test. Copies of these reports were distributed to members of the local protective services program area, regional administrative and support staff, and selected State office staff. Because the reports provided information on a county-by-county basis, a summary providing a broad perspective of the findings on a regional basis was prepared (see Appendix A). This information was also distributed to selected individuals in the Department. The reports and the summary were utilized by the pilot director during briefings of the lead program director for protective services, the regional director for social services, and the regional administrator. In addition, CANRED needs assessment data for the region was prepared for the regional planning office to use during the preparation of the protective services budget request for inclusion in the 1980-81 appropriations request for the State legislature. During the latter weeks of the project, summaries of the findings for each of the county needs and resources assessments were prepared and distributed to those agencies or groups identified as being able to put the information to use either by improving existing

Table 15. Primary Needs: A Texas County

Rank Order	Primary Needs	Weighted Scores by Data Source						
		Protective Services Case Records	Protective Services Staff	Protective Services Clients	Other Community Resources	Political & Community Leaders	Voluntary Organizations	TOTAL
1.	Counseling		255		250	40	45	590
2.	Day Care	45	300	100	75	30	22.5	572.5
3.	General Health	90		212.5	200			502.5
4.	Parent Education		120	75	150	45	22.5	412.5
5.	Transportation	100	180	125				405
6.	Clothing	70	60	250				380
7.	Financial Assistance	45	255		50	7.5	22.5	380
8.	Housing		150	212.5				362.5
9.	Legal	80			225	20		325
10.	Family Counseling	30			175	50	50	305
11.								
12.								
13.								
14.								

Note: Brackets show primary needs that were indicated the same number of times.

Figure 10. Example of format for showing rank order listing of top ten primary needs as reflected by data source weighted scores

Table 16. Service Gaps Corresponding to Primary Need # 1: Counseling

A Texas County

Type of Service Gap	Source				
	Protective Service Staff	Protective Service Clients	Other Community Resources	Political & Community Leaders	TOTAL
Service Not Available	3	4	10	3	20
Service Available But in Need of Expansion	12		26		38

Figure 11. Example of format for identifying primary needs service gaps by data source

Table 26. Resources Used to Provide Primary Need # 1: Counseling
A Texas County

Resources Used*	Barriers to Resource Use and Number of Respondents Reporting the Barrier**																																
	11	12	13	21	22	23	24	25	30	31	32	33	34	35	36	37	40	41	42	43	44	45	46	47	48	49	50	61	62	63	64	65	70	80
ACGC (Austin Child Guidance)	4				2													3	10	1	4	1												
MHMR	3	1		5	16	1				2								2	5	2	2	1					5						1	
Child and Family Services																																	2	
Child Welfare	7	4		1	14													1			3						2	1					5
Information Hotline			1	1																													
UT Hotline																																	
Visiting Teachers					1																												
DIP (Diagnostic Intervention Prog.)					1																												
General Barrier											1										1												
Totals	14	5	1	7	34	1				2	1							6	15	3	10	2					7	1				4	5

*Sources: case records, staff, community resources, and voluntary organizations.
**Sources: staff, clients, and community resources. Definitions of barriers corresponding to the numbered categories precede this section of tables.

Figure 12. Example of format for identifying resources used and barriers to resource use

LEGEND OF BARRIERS*

11 - Insufficient staff

12 - Staff attitude

13 - High staff turnover

21 - Lack of adequate staff training

22 - Service available but inadequate

23 - Service not available or available in insufficient quantity

24 - Client must wait for excessive periods of time in waiting room to receive services

25 - Lack of preventive services

30 - General category of eligibility requirements

31 - Agency policy (can be changed)

32 - Fee problem

34 - Agency regulations (cannot be changed)

35 - Service limited to a prescribed geographic area

36 - Age restrictions

37 - Sex restrictions

40 - Accessibility--unresponsive and/or periodically unavailable

42 - Waiting list and/or intake problems

43 - Transportation problems

44 - Complicated and/or time-consuming application process

45 - Irregular or inconvenient hours of operation

46 - Service location inaccessible to logical client population

47 - Problems experienced by rural clients

48 - Quality of services in rural areas inadequate

49 - Language barrier

50 - Lack of cooperation in sharing information

61 - Lack of funds resources to deliver services

62 - Organizational problem

63 - Agency attitude

64 - No provision for child care on premises

65 - Agency services not well publicized

70 - Client's own problem prevents utilization of services

80 - Worker problem resulting from lack of knowledge of the agency

*A more complete description of each barrier may be found in Appendix C.

Figure 13. Legend of barriers as indicated in figure 12

services or initiating planning and funding for new resources. (The sharing of these county summaries during the beginning of stage two would have been more helpful as it would have created community interest in resource development and coordination at an earlier stage of the pilot.)

The pilot project director also made various contacts with the community to provide needs assessment findings and promote the planned resource development activities of the project. This was accomplished through participation in a regional workshop concerning resources and gaps in services for children, which was attended by representatives from numerous public and private concerns, and a presentation to the regional council of all the county child welfare boards.

STAGE II: RESOURCE DEVELOPMENT AND COORDINATION

The resource development and coordination activities conducted during stage two of the CANRED pilot served as a test of procedures and materials that were developed and published in the CANRED Procedural Guide for Resource Development and Coordination. This was the second of two companion procedural guides developed to assist in the development of a community-level system of service resources to identify and meet the needs of abused and neglected children and their families. These guides contain specific procedures and materials for the two major aspects in the development of such a service system: identification of needs and resources and development and coordination of resources (see fig. 14).

The Procedural Guide for Resource Development and Coordination should be used as a reference for this section of the report since the pilot tested the procedures presented in this document during the second stage of phase four. These procedures were used by CANRED staff in conjunction with local DHR staff and the staff of various community resources in selected counties in Region 6. The purpose was to determine the usefulness of the procedures and materials to regional staff and to identify further modifications or additions that would enhance the value or feasibility of its application in other DHR regions. This section of the final report will address the activities conducted during the pilot testing of the Procedural Guide for Resource Development and Coordination.

Developing the Plan for Resource Development and Coordination

The model developed for the procedural guide presents a systematic approach to be applied to resource development and coordination efforts. An important prerequisite to this model is to obtain information through a comprehensive needs and resources assessment. Such an assessment was conducted during the first stage of the pilot as a test of the Procedural Guide for Needs and Resources Assessment. The needs and resources

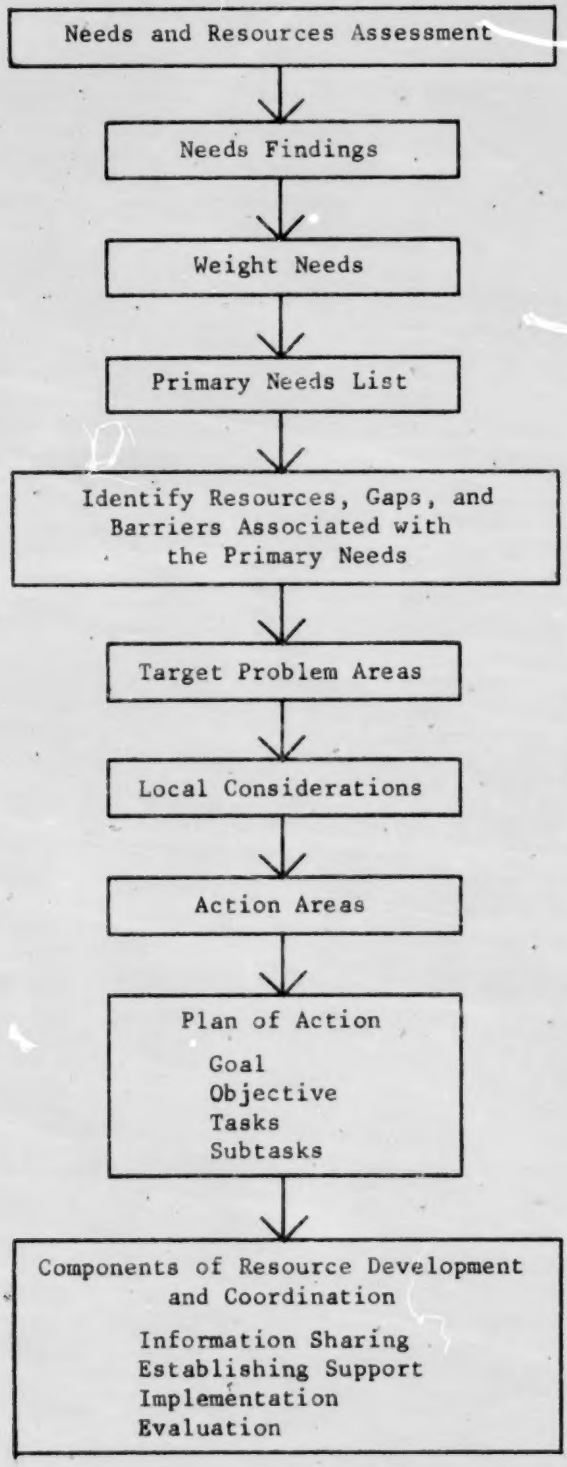

Figure 14. An overview of a systematic approach to resource development and coordination

assessment identified service needs, available resources, barriers to resource utilization, and service need gaps for each of the 30 counties in Region 6. A systematic approach to resource development and coordination includes a plan of action for meeting the locally identified needs. Such a plan was used during the pilot test to organize the direction and steps that would be taken to achieve the various resource development and coordination goals. The following procedures were used in developing the plan of action.

The first step was to review the primary needs list produced from the needs and resources assessment data. (The primary needs are identified by weighting the needs identified by each data source.) This list was the focal point from which the resources, barriers, and gaps were reviewed. For each of the primary needs, the findings were reviewed by CANRED staff to determine the available resources providing the service, the barriers associated with each resource providing the service, and whether the service was mentioned as unavailable (a gap) or a service needing expansion. This proved to be somewhat difficult for the two new staff members who had not taken part in the needs assessment data gathering of stage one. (The new pilot director, who began serving in this capacity at the start of stage two, did not have any difficulty in this respect as she was one of the original stage one pilot staff members.) These primary needs lists with associated resources, gaps, and barriers were considered as target problem areas that could possibly be addressed by resource development and coordination activities.

After determining target problem areas, a process of information sharing was begun. The CANRED staff made presentations of the needs and resources assessment findings to local program staff including protective services workers, volunteers, student interns, and supervisors. Not only was information shared with this group, but their comments and suggestions were also solicited to aid in the development of resource development and coordination plans. Ideas from local program staff combined with the CANRED staff analysis of the assessment findings were then presented to each of the protective services program directors. It was at this point that local considerations such as agency personnel who would possibly be involved in the effort, availability of funding, and the sociopolitical environment were evaluated to refine target problem areas into specific action areas.

The refinement of target problem areas into specific action areas was a time-consuming and frustrating process. First of all, the information provided as a result of the stage one needs assessment had its limitations. Low response rates and inappropriate responses combined to force project staff to present findings concerning the needs of abusive and neglectful families (and corresponding resources, barriers, and gaps) based on very little information. Resources that did provide services to satisfy a primary need were often reported by some respondents as being available and by others as not being available. Also, resources that project staff knew actually existed were sometimes not reported at all. In many instances, no resources, no barriers, and no gaps were

mentioned with regard to the same primary need, which is a contradiction in itself. (These limitations are also addressed in the Executive Summary of the Needs and Resources Assessment Findings Report in Appendix A.)

Another limitation was that program directors were reluctant to consider the use of direct service delivery (child welfare) staff in resource development and coordination activities. Because of staff cutbacks in protective services at a time when abuse and neglect referrals were increasing and an abundance of families needed services, staff time available for such "extra" projects was virtually nonexistent. The CANRED staff, having been protective services caseworkers, were quite sensitive to this issue, which made it difficult for them to press for more local program support. Tightened budgets had not only resulted in a shortage of program staff but also in a shortage of funds for any purpose in this program area. All Title XX and Title IV-B funds available to the Department, which were to be used to purchase services needed by families receiving protective services, had already been allocated.

In addition to these limitations, the pilot project director was caught in the middle of trying to meet the needs of local program staff as interpreted by the protective service program directors and fulfilling the obligations of the CANRED Project as interpreted by the State office project officer. For example, the guidebook emphasizes local staff involvement and delegation of responsibility for resource development tasks. Yet program directors were guarding their already overwhelmed staffs against an assault of extra responsibilities. At times, the program directors and the project officer had different definitions of what constituted an appropriate resource development or coordination activity.

The next task for project staff was to develop plans of action for carrying out the various proposed resource development and coordination activities. This included developing goals and objectives for addressing each action area. To insure that the goals and objectives for the plan of action were clear, tools such as management by objective and tracking activity reports were maintained for each action area that was addressed. (See Appendix D for examples of completed management objective forms and tracking activity reports.) After developing the goals and objectives, the next step was to delineate and schedule the specific tasks necessary for accomplishing each objective. The purpose of these management and planning tools was to enable project staff to review and assess the progress of planned activities at any given point during the resource development and coordination effort. The CANRED staff received input and aid from local program staff and regional support staff in developing the plans for resource development and coordination.

The CANRED pilot project staff had no previous experience in research or planning and, as a result, had some difficulty in using these tools.

The concepts of "goal setting," "measurable objectives," and "outputs" were new to project staff, which lead to much time being spent in trying to decide what to call various aspects of what they wanted to do. In addition, the project staff did not feel that the forms suggested by the guide (management objective and tracking activity report) were flexible enough to be used for daily or projective planning purposes. The project staff would have liked to have included many alternatives in their plans, but the forms did not allow the flexibility to do this. For instance, as contacts were made, some strategies proved to be successful and suggested the inclusion of new activities, while other strategies failed and new directions had to be taken. However, project staff did consider the completed forms as providing useful documentation of completed activities, showing scheduled and actual start and completion dates.

Resource Development and Coordination Activities

The procedural guide identified four major components of resource development and coordination: information sharing, establishing support, implementation, and evaluation. These components were used as necessary by CANRED staff in carrying out their plans of action for achieving the various resource development and coordination activities that had been identified. Each worker chose a particular style or method of carrying out the pilot project objectives in their assigned geographic areas of responsibility.

Three unique approaches to the implementation of resource development and coordination plans were distinguised. One staff member was quite effective in working behind the scenes. She implemented her plans merely by identifying the appropriate persons who could get the job done and introducing the supporting information to these key figures. The persons that were involved in such activities were primarily the local program staff or liaison staff of other agencies working closely with local staff. Generally, the attitude of these key persons was receptive to the suggestions made by project staff, but they wanted to carry out whatever proposed plans in their own way and with a minimum of outside (CANRED) involvement. (See Example 1 of Appendix D.) This is evidenced in a project that attempted to increase the use and availability of a 24-hour crisis hot-line service for potential child abusers. The CANRED worker provided information supporting this need to the child welfare liaison from the agency providing the crisis line service, who in turn channeled the information to those directly responsible for the service. Some suggestions were accepted; others rejected; and this agency offered a new alternative based on the possibility of an increase in services contracted through the Department. In this situation, the CANRED worker acted as a catalyst to set new activities and ideas into motion without retaining primary responsibility for the activities, which ensured that someone would be involved who would be able to carry on the activities after the CANRED pilot was completed.

Another CANRED worker took a much more action-oriented and leadership role in implementing resource development and coordination plans. With local program staff approval but almost nonexistent involvement, she worked directly with various community segments as a representative of the Department to have firsthand involvement in resource development activities. This method not only accomplished quick and successful results but also served as a public relations function. For example, day care was a need identified for a particular county with few resources available to meet the need, especially for the underprivileged. (See Example 2 of Appendix D.) The need was recognized locally, and a group was being formed to attempt to develop a new resource. The CANRED worker involved herself in and became a leader of this local task force. A sponsoring agency and Federal funding were secured. The task force followed up with locating a site for the center, securing permission for its use through inspection and licensing procedures, and working out details concerning needed modifications of the facility. As a result, the center will soon be in operation. Although it will serve not only protective services clients but the entire community, the CANRED worker's positive involvement has helped to assure that protective services clients will get adequate consideration in terms of receiving such services when needed. This involvement has also paved the way for continued cooperation between protective services staff and the day care center staff.

Another approach taken by a third worker was to focus on the sharing of information with local support groups. Efforts were devoted to the interpretation and creative discussion of the needs and resources assessment findings with the local county child welfare advisory boards so that they could initiate and implement resource development and coordination activities themselves. Such an approach has the potential for increasing the impact of CANRED activities over a longer period of time. Because of the large geographic area of responsibility and the limited amount of available time, this approach seemed to be the most practical in terms of time and the potential impact of the CANRED findings. (See Example 3 in Appendix D.) All of the counties that had boards were approached by the CANRED worker. Some were already active through CANRED involvement; others indicated they were planning projects in the near future.

The fourth project worker concentrated on improving the coordination of services and reducing barriers to the use of certain resources. Through the use of information sharing and increased communication using agency liaison relationships, a system was established to recognize coordination problems earlier and address them before barriers to resource use could result. (See Example 4 in Appendix D.)

5

Conclusions and Recommendations

The Child Abuse and Neglect Resources Demonstration (CANRED) Project conducted a 30-county pilot test of its Procedural Guide for Needs and Resources Assessment and its Procedural Guide for Resource Development and Coordination during phase four of the project. The pilot test was successful in determining the usefulness of the materials and procedures in the guides as well as identifying modifications that would enhance the feasibility of their application by others.

Several general conclusions can be drawn as a result of this pilot test. First of all, the procedures tested during the pilot were sound in regard to demonstrating a systematic approach to conducting needs and resources assessments and resource development and coordination activities. Although some limitations and suggested modifications were identified, the procedures tested were considered to be a valid approach for identifying and addressing the needs of abusive and neglectful families more systematically.

The procedures presented in both guides could be understood by caseworker staff with a bachelor's degree. Project staff, who were all former protective services caseworkers with a bachelor's degree (except for the stage one pilot director), had very little difficulty in following these procedures to assess and address the needs of abused and neglected children and their families. Although a project staff with a research and planning background would have found it less difficult to carry out the procedures, caseworker staff could just as easily carry out these functions if they are provided with the necessary training. (Because of the limited amount of time for the pilot

test, project staff did not receive the necessary training in certain areas but were still able to carry out the various procedures presented in the guides.)

A final conclusion that may be drawn is that a variety of factors can influence the success or failure of implementing such procedures. If such procedures are to be implemented successfully, it is important that the process be clearly understood as well as supported by everyone involved, from the top administration to the program staff that will be responsible for carrying out the assessment and development and coordination activities. The roles and responsibilities of all involved in the process should be clearly delineated. If such a process is not considered beneficial to the program area it is supposed to be helping, failure will most likely result. Another factor important to the success or failure of implementing these procedures is the availability of adequate time and staff for carrying out the required activities. This includes sufficient time for any necessary staff training, data collection, data analysis, information sharing, development and negotiation of plans, and implementing the resource development and coodination plans. A final factor is to collect data only from those sources that can provide valid and useful information. By collecting data from those sources with knowledge and/or experience in the area of child abuse and neglect, the possibility of receiving limited and inaccurate information will be greatly reduced as will the number of nonrespondents (provided the respondents understand what information is being requested from them).

The following comments and recommendations were submitted by the pilot directors in their final reports on the CANRED pilot. These observations focus on the usefulness of the procedures and materials that were pilot tested and identifies those procedures in need of modification to facilitate the implementation of the systematic process presented in the procedural guides.

- Although the CANRED caseworker staff were able to do an adequate needs assessment, future project directors may want to consider selecting staff with a heavier background and orientation toward research.

- All project staff should be officed together whenever possible; and, when not possible, at least two persons should be officed and worked as a team during the needs assessment. This will facilitate the opportunity for giving and getting support among similarly assigned staff and make supervision of project staff much easier.

- Projects of this kind should be placed under the supervision of the same person that supervises children's protective services. This would help to promote commitment and support among the child welfare worker staff and would help minimize the isolation of project staff.

- The time schedule for the needs assessment should allow at least one month to train staff, time to design the data collection instruments and to draw samples, and six months to do the needs and resources assessment (assuming four staff would be gathering data in an area comparable to that surveyed by CANRED staff). An alternative would be a total of six months and an extra staff person. The extra staff person could compile the mailing list for the mail survey; supervise the logistical aspects of the multiple mailings; and do statistical work, data aggregation, report preparation, and distribution.

- Future users of the guide need to define for themselves what questions the assessments should be asked to answer. The CANRED needs assessment results are useful only for narrative justification of budget figures. If findings are needed for budget computation purposes, quantifiable concepts are needed to yield numbers that can be compared across county boundaries. CANRED findings are county specific and cannot be compared across county boundaries. The findings identify the relative ranking of needs within a county but cannot answer questions about which of two counties has the greater need. If such data are needed, the instruments will have to be modified to respond to these needs.

- The sampling instruction on page 10 of the Procedural Guide for Needs and Resources Assessment, "draw a number from one to five and select every nth case," would be more correct as follows. "First decide upon the size of the sample. If the sample is to be one-third of the eligible population, randomly select a number from 1 to 3 and call the number so selected n. Then select every nth case for reading."

- Training should be provided to staff to prepare them to gather data inconspicuously, accurately, objectively, and as consistently as possible.

- If individualized letters to all those being surveyed are not possible, then letters should be addressed to the group of those surveyed such as all law enforcement and judicial figures, all operators of child care centers, all elected officials, and so forth.

- Future users of the needs assessment guide should define the sources of their information restrictively and selectively to focus upon specific segments of the population that have a reason to respond to such an inquiry. This should decrease the number of people being surveyed who have no knowledge or experience with the problems of child abuse and neglect and result in higher questionnaire return rates as well as data collection instuments having more usable information.

- If the responses from categories of data sources are to be weighted according to perceived levels of knowledge about child abuse and neglect, begin by dividing all of the subcategorized data sources (hospitals, lawyers, elected officials, child welfare staff, etc.) into two groups. The two suggested groups are those with knowledge of or experience with abused or neglected children and those whose knowledge and experience in this area are possible but as of yet unknown. Those in the latter group should be asked a question relating to their knowledge or experience in the area of child abuse, and those who are unfamiliar with child abuse and neglect should indicate so on the questionnaire.

- Categorization of needs should be consistent across questionnaires. This will help assure the same level of specificity of responses on all questionnaires.

- Data collection instruments should be designed to fully utilize the potential information to be obtained from each data source. For example, clients were asked about <u>problems</u> they had encountered in using resources but were not asked which resources they had <u>successfully</u> utilized.

- The casereading instrument needs to be condensed.

- Future users of the guide should creatively consider the types of information recorded within agency documents and identify questions that could usefully be answered by reading a randomly selected sample of records. Then the data collection instrument should be designed to collect the identified type of information.

- The procedural guide suggests that data from case records be gathered by making hash marks under three categories: families, adults, or children. By counting a "family" as one hash mark, valuable information about the family's constitution is lost. Only two categories are necessary when collectiong this data: adults and children. These two can be added to get "families" data.

- Service need categories should logically collapse. (See figure 15 for a suggested alternative to that presented in the procedural guide.)

- The writing style and wording used throughout CANRED's suggested format for mail contacts with the public proved to be too jargon laden, too bureaucratic, and (to some) unintelligible. The writing of all letters and data collection instruments should be done by local people writing to local constituents to accomplish locally determined objectives.

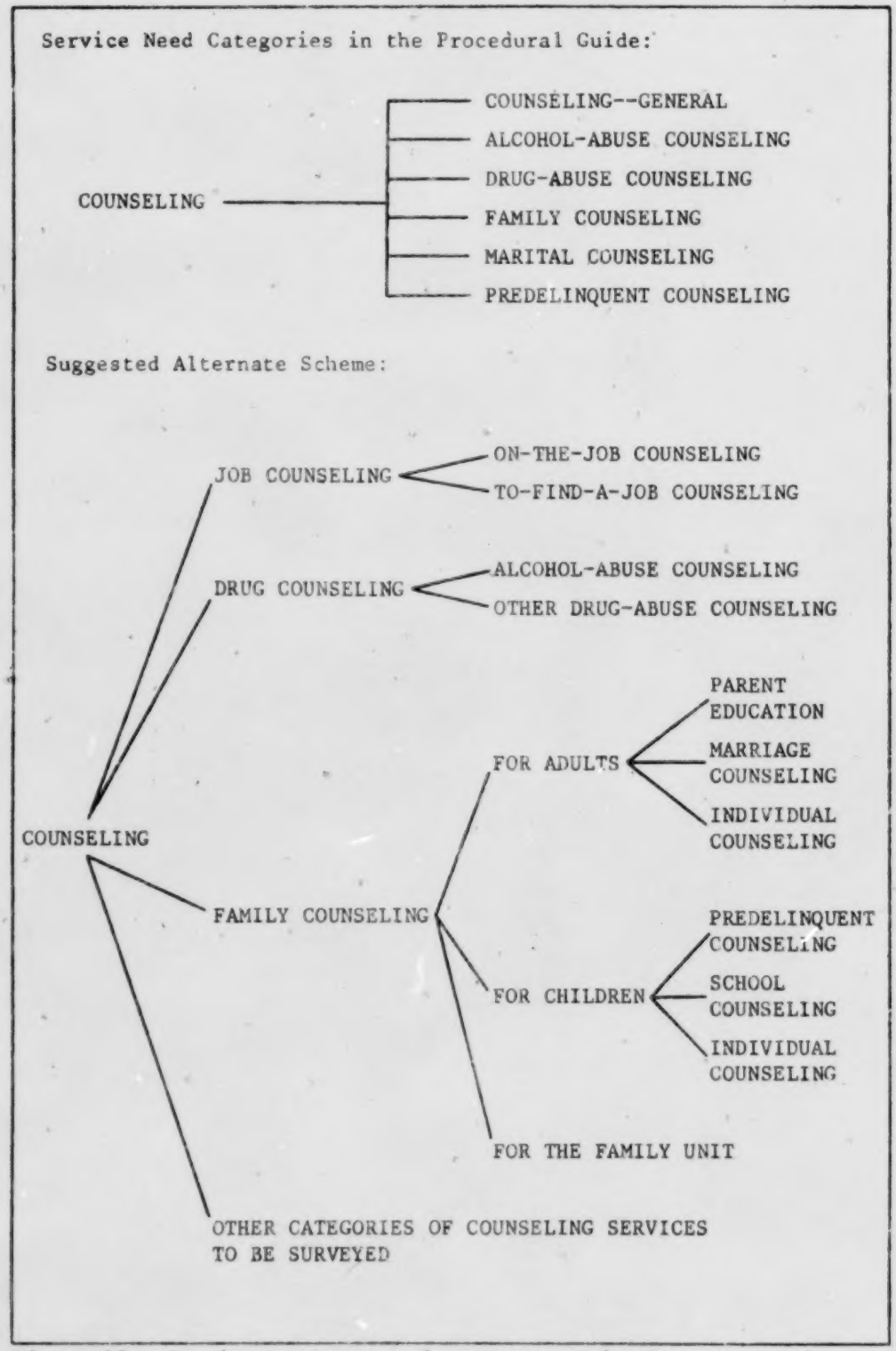

Figure 15. Service need categories suggested in the procedural guide and suggested alternate scheme

- An effort must be made to eliminate jargon from the questionnaires. The words "services needed by" should be substituted for "service needs of." The terms "protective services" or simply "services" or "programs" were beyond the understanding of some of the people surveyed.

- The client interview guide needs to be reworded. (See figure 16 for some suggested changes.)

- A problem with gathering data on a county-by-county basis is that many of the entities to be surveyed have boundaries that do not coincide with county boundaries (e.g., school districts in Texas). Consider surveying each source such as school districts on the basis of its own boundaries and later overlay the findings from other sources such as welfare or MHMR agencies.

- The mailing list compiled during the mail survey should not be alphabetized as suggested on page 18 of the needs assessment procedural guide. Instead, number the addresses with a number code such as "7" for all lawyers surveyed and "7.23" for the twenty-third lawyer on the list. The mailing can be alphabetized later when time permits and after the list has been purged of all undeliverables or address errors.

- At least six months are needed for actual implementation of resource development and coordination plans, in addition to the time needed for planning purposes. (It actually takes months or years to build relationships in the community that can provide the kind of support required for truly innovative resource development to occur, particularly in conservative rural counties where outsiders must wait to be accepted and trusted.)

- For resource development and coordination to succeed as an ongoing function two conditions are necessary. Protective services program directors must want a staff member responsible for resource development and coordination and must agree to provide the support and supervision necessary for these activities to occur. And, one worker per program director or one per council of government (with the exception of additional workers for major urban counties) must be assigned and officed near the program director. Workers need to feel they are a truly productive members of the protective services team and have their activities regarded with equal importance to casework assignments.

- When implementing the procedures presented in the procedural guides, equal time if not the majority of staff time should be devoted to resource development and coordination activities. During the pilot test, most of the time and emphasis were voted to the needs and resources assessments and the preparation of findings.

SUGGESTED CHANGES

Question 11: What are the five most important needs of families in which abuse and neglect has occurred? (Specify type of need.)

Might read: What are the five most important things you need to take care of your family? (Specify type of need.)

Question 12: What services have you and/or your family needed that have not been provided? Why?

Might read: What kind of help have you and/or your family needed that you have not been able to get? Why?

Question 13: From which agencies have you and/or your family experienced problems in obtaining services?

Might read: From which agencies have you and/or your family had problems in getting the help you needed?

Question 14: What kind of programs would be helpful to a person in fulfilling their role as a parent?

Might read: What kinds of things would you tell a friend about being a parent if the friend were having her first baby?

or

Is there anything about children that you would like to learn that would help you be a better mother or father?

or

Think back to when you had your first baby. What things that you knew about babies made it easier for you to be a mother or father. What things do you wish now someone had told you about being a mother or father?

Question 18: We would like your recommendations on what you would say are the most important points to consider in planning services for abused and neglected children and their families.

Might read: What kinds of things would you like caseworkers to be able to do for you that would help you take care of your family?

Figure 16. Some suggested changes to the client interview guide

Appendix A

EXECUTIVE SUMMARY OF PROTECTIVE SERVICES
NEEDS AND RESOURCES ASSESSMENT
REPORT OF FINDINGS

CANRED PROTECTIVE SERVICES NEEDS and RESOURCES

ASSESSMENT REPORT OF FINDINGS

Executive Summary

CANRED has completed a Protective Services Needs and Resources Assessment for each of the thirty counties of Region 06. Multiple data sources and multiple data collection techniques were used as follows:

Data Sources:	Data Collection Technique:
1. Protective Services Cases	1. Random Sample.....Case Reading
2. Protective Services Clients	2. Purposive Sample.....Interview
3. Protective Services Staff	3. 100% Sample.....Questionnaire
4. Other Community Resources	4. Mail Survey.....Questionnaire
5. Political and Community Leaders	5. Mail Survey.....Questionnaire
6. Voluntary Organizations	6. Mail Survey.....Questionnaire

The results of the assessments have been compiled and are presented in the CANRED Needs and Resources Assessment Report of Findings. A separate report for each county includes the following county specific information:

1. Descriptive information on each data source sample used in the assessment.

2. Lists of the ten most frequently mentioned service needs of abusive or neglectful families as identified by each of the six data sources.

3. An aggregate list of the ten most frequently mentioned needs (primary needs list). This list was obtained by combining the six lists of most frequently mentioned needs of each data source using weighted scores assigned in proportion to their judged level of knowledge about child abuse and neglect.

4. Resources used to provide services for each primary need.

5. Services not available or services available but in need of expansion corresponding to each primary need (service gaps).

6. Barriers to the use of existing resources which provide services for each primary need.

While the county specific assessment findings vary between counties, some general trends become evident when the data are analyzed on a regional scale. For the purposes of looking at the services needed by abusive and neglectful families within the whole of Region 06, findings were added across counties.

The thirty lists of most frequently mentioned needs for each of the six data sources were added to produce six regional lists, one for each data source. Three data sources--community resources, political and community leaders, and voluntary organizations--were added together to show the attitudes and opinions expressed by the community in general in contrast to those of clients, staff, and case records. (Tables 1-4). Then the thirty county primary needs lists were added to form a regional primary needs lists. (Table 5).

General Health Services is the major primary need indicated for the region as ninety-seven percent (97%) of the counties included this service on their primary needs lists. Support for the need of such services came from case records, staff, clients, and the combined community data source as it appears among the top five most frequently mentioned needs for each of these sources.

Eighty percent (80%) of the region's counties included Day Care on their primary needs lists making it the second regional primary need. Again, day care was identified by each data source as a need ranking among the ten most frequently mentioned.

The third regional primary need is Family Counseling, a primary need in seventy-seven percent (77%) of the counties. Staff, case records, and the community all rated this need among the ten most frequently mentioned region-wide. Clients themselves did not include family counseling as ranking high enough to be included in the most frequently mentioned needs list. In general, clients tended to indicate the more basic needs, those that all families have for day to day functioning such as clothing, food, health services, and housing.

Financial Assistance, the region's fourth primary need, appeared as a primary need for seventy-three percent (73%) of the counties. Supporting this primary need are case records, staff, and the community. The regional list of most frequently mentioned needs for clients does not include financial assistance although most of the service needs they did indicate involved a problem of not having the money to buy the services, i.e. clothing, food, health services, housing.

The fifth regional primary need is Transportation with sixty-seven percent (67%) of the counties indicating it is a primary need. Transportation is a most frequently mentioned need by case records, staff, and clients. The community did not indicate transportation as a most frequently mentioned need region-wide. The community data sources tended to identify supportive or rehabilitative type services as needs. However, transportation is indirectly linked to all of the service needs identified since the services must be accessible to clients in order to be useful in fulfilling a need.

Counseling, Parenting Education, and Housing are tied with sixty-three percent (63%) of the counties including these services on their primary needs lists. Counseling is a general category taking in all responses that did not specify a particular type of counseling services. The staff and community data sources include counseling as the second most frequently mentioned need. Although case records and clients do not show this need among their top most frequently mentioned needs, some form of counseling service is identified as a top need for each of these data sources. Case records indicated family counseling and clients identified school counseling as most frequently mentioned needs.

The regional need for parenting education received support from the staff, clients, and the community as it appears in their most frequently mentioned needs

lists. This need was not picked up by protective services case records even though it would seem that case records would naturally document the staff and clients' recognition of the need. Parenting education is included in the general nature of most child welfare services although workers may not specify they have provided this service in their recording.

Housing as a regional primary need was identified by staff and clients as fourth on their most frequently mentioned needs lists. Case records may not have reflected this need since staff have little chance of affecting any real change in this area. The community also did not identify housing as a most frequently mentioned need.

Clothing was identified as a primary need in fifty percent (50%) of the counties. Support for this need came primarily from clients as that data source ranked clothing the number one most frequently mentioned need region-wide. Case records also indicated clothing as a most frequently mentioned need. Staff and the community did not recognize this need as one of their most frequently mentioned. As discussed previously, the community in general did not recognize such basic types of needs but were more aware of specialized rehabilitative and supportive services such as counseling or foster care.

Forty-three percent (43%) of the counties identified Ongoing Foster Care and Legal Services as primary needs. Case records and the community indicated ongoing foster care as a most frequently mentioned need. Case records reflect the fact that children are actually in foster care and therefore have that need. Staff and clients do not show ongoing foster care as a most frequently mentioned need as the needs they did identify seem to be those that if met may prevent the necessity of foster care, such as parenting education, basic subsistence, or employment. This is an attitude that the child welfare system encourages for both staff and clients although when absolutely necessary, child welfare is the primary resource for ongoing foster care.

Legal Services is the last primary need and is supported by case records and the community. Staff and clients not recognizing this need on their most frequently mentioned needs lists can be explained in part much in the same manner as their lack of mention of ongoing foster care. Legal services in relation to child welfare type proceedings are a last resort when all supportive and rehabilitative services have been exhausted. Staff and clients tended to identify needs that if met could prevent the need for legal services. Of course, legal services as a need was not limited only to child welfare related legal services.

Just as each of the data sources revealed complementary and contrasting views of the needs of abusive and neglectful families, their opinions varied considerably on the corresponding barriers to resource use and service gaps. In addition, many who took part in the assessment chose not to comment on barriers to resource use or on service gaps. Some were unable to respond because of a lack of knowledge about child abuse and neglect or because of a lack of knowledge about the community services available to serve the needs of abusive and neglectful families. Others simply did not understand the intent of the questions. These limitations produced fewer responses to the questions relating to service gaps and barriers to resource use than to those questions used to identify the primary needs of abusive and neglectful families. The lower response rate limits the usefulness of the assessment findings concerning barriers to resource use and service gaps. The information provided by the assessment should only be used as an indicator of possible

problem areas. Supporting evidence should be sought from other reliable sources before any action is taken to attempt to fill service gaps or reduce barriers to resource use.

The information obtained by the needs and resources assessment concerning gaps in services that correspond to the regional primary needs is divided into two categories: services not available and services available but in need of expansion. For all of the primary needs, most of the data sources had responses in both categories. Since a service cannot be both unavailable and available but in need of expansion, it is possible that those surveyed have some confusion over what services do or do not exist. Another explanation may be that for some, a service that is in need of expansion may prove to be unavailable to them personally so essentially that service does not exist for that person. For example, no one can deny that day care is a service available in Austin. However, if there are presently no openings in accessible centers, then day care service does not exist for those children who need it now. The primary needs General Health and Parenting Education were indicated with equal frequency as services not available and as services available but in need of expansion. More frequently identified as services available but in need of expansion were Counseling, Family Counseling, Housing, and Ongoing Foster Care. By adding together the number of responses of service gaps for both categories (services not available and services available but in need of expansion), those primary needs with the most total responses were found to be Counseling, General Health, and Day Care respectively.

All of the regional primary needs had some barriers to resource use reported for them, and these barriers fell into a wide range of categories. Those primary needs with the most indications of barriers to resource use were: Counseling, Family Counseling, General Health and Parenting Education respectively. The most frequently used categories of barriers to resource use listed by order of frequency were: service available but inadequate (refers to quality of service), service not available or available in insufficient quantity, insufficient staff to deliver services, fee problems in obtaining services, and waiting list or intake problems causing delay in services delivery.

The conflicting information received between data sources and within a data source combined with a significant lack of response from others presents a problem with the usage of these assessment findings for barriers to resource use and service gaps. However, this problem in itself points out an important finding. It serves to stress the major importance of information sharing both internally and externally and the apparent inadequacy of the present information sharing system. Improved communication concerning protective services programs and community resources would yield a more accurate assessment of barriers to existing resource use and service gaps. The information contained by the needs and resources assessment does, however, provide an indication of possible problem areas in service delivery that can be further addressed through resource development and coordination activities.

Table 1. Most Frequently Mentioned Service Needs Identified by Protective Services Case Records

REGION 06 - Austin

Service Needs	* Number of Times the Service Was Needed	Number and Percent of Counties Identifying Service as a Most Frequently Mentioned Need	
General Health Services	6095	29	97%
Transportation	5922	24	80%
Legal Services	3477	24	80%
Financial Assistance	2474	29	97%
Clothing	2060	23	77%
Day Care	2038	23	77%
Mental Health Diagnosis	1607	19	63%
Ongoing Foster Care	1455	17	57%
Alternate Care (informal arrangements)	1454	12	40%
Family Counseling	1149	10	33%

* Numbers are projections based on a random sample casereading of protective services case records from the 30 counties of Region 06 for a two year period.

Table 2. Most Frequently Mentioned Service Needs Identified by Protective Services Staff

REGION 06 - Austin

Service Needs	* Number and Percent of Staff Indicating Service is Needed		Number and Percent of Counties Identifying Service as a Most Frequently Mentioned Need	
Day Care	63	47%	23	77%
Counseling	54	41%	13	43%
Transportation	48	36%	14	47%
Housing	45	34%	16	53%
General Health Services	41	31%	22	73%
Parenting Education	39	29%	12	40%
Financial Assistance	38	28%	12	40%
Family Counseling	26	20%	12	40%
Employment Related Services	22	17%	11	37%
Homemaker Services	20	15%	10	33%
Mental Health Services	20	15%	11	37%

* 133 responses from staff in the 30 counties of Region 06 were counted. Staff were asked to respond once for each county in which they are responsible for providing protective services.

Table 3. Most Frequently Mentioned Needs Identified by Protective Services Clients

REGION 06 - Austin

Service Needs	* Number and Percent of Clients Indicating Service is Needed		* Number and Percent of Counties Identifying Service as a Most Frequently Mentioned Need	
Clothing	93	54%	20	87%
Basic Subsistence (Food)	92	53%	19	83%
General Health Services	92	53%	19	83%
Housing	91	53%	19	83%
Employment Related Services	72	42%	14	61%
Transportation	72	42%	18	78%
Day Care	51	30%	12	52%
Recreation Programs	41	24%	11	48%
Parenting Education	39	23%	12	52%
School Counseling	33	19%	13	57%

* 172 protective services clients from 23 Region 06 counties were purposively selected and interviewed.

Table 4. Most Frequently Mentioned Needs Identified by the "Community"
(Other Community Resources, Political and Community Leaders, and Voluntary Organizations)

REGION 06 - Austin

Service Needs	* Number and Percent of Responses Indicating Service is Needed		* Number and Percent of Counties Identifying Service as a Most Frequently Mentioned Need for Each "Community" Data Source					
			Com. Res.		Pol. & Com. Leaders		Vol. Org.	
Family Counseling	400	36%	25	83%	29	97%	7	54%
Counseling	365	32%	24	80%	21	70%	5	38%
Parenting Education	246	22%	22	73%	27	90%	3	23%
General Health Services	229	20%	23	77%	12	40%	3	23%
Ongoing Foster Care	218	19%	21	70%	19	63%	9	69%
Legal Services	187	17%	18	60%	10	33%	2	15%
Financial Assistance	157	14%	20	67%	11	37%	3	23%
Day Care	155	14%	17	57%	24	80%	6	46%
Emergency Foster Care	133	12%	11	37%	16	53%	3	23%
Alcohol Abuse Counseling	118	10%	9	30%	24	80%	8	62%

* Other Community Resources and Political and Community Leaders in the 30 Region 06 counties and Voluntary Organizations in 13 Region 06 counties were included in a mail-out survey of 6781 questionnaires. 1124 responses were received and used to compile the Needs and Resources Assessment Findings. 123 responses were received after the cut off date and 724 questionnaires were returned unanswered.

Table 5. Primary Service Needs

REGION 06 - Austin

Service Needs	* Number and Percent of Counties Identifying Service as a Primary Need	
General Health Services	29	97%
Day Care	24	80%
Family Counseling	23	77%
Financial Assistance	22	73%
Transportation	20	67%
Counseling	19	63%
Parenting Education	19	63%
Housing	19	63%
Clothing	15	50%
Ongoing Foster Care	13	43%
Legal Services	13	43%

* The total number of county primary needs lists is 30.

Appendix B

SAMPLE DATA COLLECTION
INSTRUMENTS

A. Preliminary Procedures

1. Prior to reading the case record, become thoroughly familiar with the attached Operational Definitions of Abuse, Neglect, Truancy, Runaway, and Unwed Parenthood, and with the service needed categories (a list of which follows the list of definitions).

2. When reading case records, read only the Children's Protective Services Intake and CANRIS Report (Form 2202), narrative dictation, and any additional materials referenced in the 2202 or narrative.

3. A service provided implies a need. (For example, if the case record states that the worker took the father to marital counseling but did not preface the statement with "The father needed marital counseling," it is still considered to be a service need.)

4. If a client verbalizes a service need, the mentioned service should be marked as a need, unless the worker later states the client does not need the service.

5. List only needs identified or substantiated by the caseworker (in addition to those mentioned by clients) or needs for which the worker initiated services. (For example, if the case record states that "Mr. and Mrs. Jones are having problems with their marriage," needs should not be inferred.) When an inference is made about a situation, the information collected becomes subjective and loses its validity because individuals may not make the same inference about a situation.

6. When the case record indicates a resource as being utilized but does not identify the service need, have a resource directory available for reference (if the service need is not identifiable by the name of the resource). For example, if the case record states "I took Jimmy to Champ, Inc.," a resource directory would be necessary to determine what kind of service is provided by Champ, Inc.

7. When an individual service provider or an agency is recorded, record it for inclusion in the community resources sample, whether or not the needed service was provided.

8. Needs such as housing, basic subsistence services, financial assistance, and Food Stamps should be considered as needs of the total family instead of needs for each individual in the case record--unless it is clear that only part of the family needed the service.

9. Needs that would not be recorded would include:

   a. One of the children has been in an institution for the retarded for several years

   b. A parent has been receiving medication for asthma for years

   c. The family was receiving AFDC and/or Food Stamps before they were reported to protective services

   d. Needs described in the "presenting problems" section of the Form 2202

B. Completing the Case Record Instrument

1. The following information can be found on the Forms 2202A or 2202B* as indicated:

   a. Number In Family - page 1 of 2202A, Section III, Individual Information

   b. Referred By - page 2 of 2202A, Complainant section

   c. Problem - page 2 of 2202A, Presenting Problems section; page 1 of 2202B, Section IV numbers 46 (CANRIS) and 52 (Non-CANRIS)

   d. Disposition - page 1 of 2202B, Section IV number 47 (CANRIS) and 53 (Non-CANRIS)

2. Document needs for the household components as follows:

   a. Needs are documented for the <u>family</u> when all members of the household are in need of the particular service (or will benefit from the service). This will probably only occur for housing, Food Stamps, and financial assistance.

   b. Document needs for <u>adults</u> when any adult member of the household (parent, aunt, cousin, or grandparent) has a particular service need identified.

   c. Needs are documented for <u>children</u> when a particular service need is indicated for any individual who is a part of the household under the age of 18.

3. Service needs and resources utilized may be documented on the case record instrument in the following ways:

---

*If no Form 2202s are in the case record, refer to the Forms 206 and 202 or the narrative for this information.

a. If a service need is mentioned with no resource indicated to provide that need, document the service needed within the appropriate column (Families, Adults, Children) by the appropriate service need category with a tally mark. If this need is mentioned more than once, put tally marks to indicate each time a need is mentioned.

b. If a service need is mentioned and a resource is indicated in relation to that need, document the service needed as described above in "a" and document the resource in the column for resources mentioned by that service need category. If this resource is mentioned more than once for this service need category, it is not necessary to write the person or agency providing the service more than once in the resources mentioned column. If the provider is not an agency, be sure to record his/her full name and address if available.

c. If a resource is mentioned as providing a service on a continuous basis (for example, family counseling over a six-month period), this will be considered as needed only once; do not document as additional needs each time the service is received during that period of time.

d. If there is not sufficient room in each service need section, document the additional information under the Other section on page 6 of the instrument by writing in the appropriate service need category under the service need category column.

e. When you finish the case record, total all tally marks for each household component column by each of the service need categories and circle the number:

SERVICES NEEDED	SERVICES NEEDED BY			RESOURCES MENTIONED
	Families	Adults	Children	
Legal	" ②	"" ④	' ①	

Operational Definitions

NEGLECT[1] - Depriving a child of living conditions which provide the minimally needed physical and emotional requirements for life, growth, and development by a person responsible for the child's health or welfare.

Categories of neglect are describe below. In each category a definition and examples and indicators are included, to aid in determining the category or categories of neglect. Cases may include several of the categories.

Physical Neglect. A lack of attention to the physical needs of a child or failure to use available resources to meet these needs. Examples and indicators: lack of food; lack of appropriate food; inadequately prepared food; failure to provide special diet; underweight; failure to thrive; lack of clothing; inappropriate clothing; dirty or ragged clothing; lack of adequate housing; failure to prevent potentially hazardous situations (e.g., allowing child to play in street, stick objects in wall plug, play with fire); lack of an environment which is hygienic enough to promote health (child may have lice, matted hair, unpleasant body odor, scaly skin, diaper rash, impetigo).

Emotional Neglect. A lack of attention to the emotional and social needs of a child to such an extent that he is not able to conceptualize himself as being a person of worth, dignity, and value. Examples and indicators: child is ignored; little interest is taken in him; he suffers a lack of moral and social guidance (e.g., child is not taught to keep himself clean, to get along with others, to respect the law, to feel good about himself); child is not taught respect for his own property or that of others; child may be exposed to degrading situations such as parental promiscuity, alcoholism, illegal behavior; parental discipline and loving behavior are erratic and inconsistent with child's behavior.

Medical Neglect. Any act of omission which deprives a child of needed medical care except when a family refuses specified medical treatment for a child due to religious beliefs. Examples and indicators: lack of medical treatment when child is ill or injured, lack of preventive health and medical care such as immunizations and checkups, untreated sores, chronic colds and runny noses.

Abandonment. Intentional physical desertion of child by the parent or guardian; refusal to acknowledge and fulfill responsibility for child. Examples and indicators: abandoned child, child left for long periods of time with relative or babysitter without caretaker knowing when parent will return or how to contact parent.

Lack of Supervision. Failure on the part of the parent to oversee a child's activities and location. Examples and indicators: child locked out of house, child left alone on the street, child locked in a car, young child left in care of sibling, child left alone, child allowed to wander the streets or neighborhood.

Educational Neglect. Parental activity which prevents or discourages school attendance and achievement. Examples and indicators: child home from school to care for younger children or parent; failure to encourage or active discouragement of those activities which promote intellectual growth, development, and enhancement; failure to provide quiet place to study; failure to provide intellectually stimulating activity or equipment.

ABUSE[1] - Nonaccidental infliction or threat of infliction of physical injury or emotional or mental damage to a child by a person responsible for the child's health or welfare. Abuse can also involve withholding needed care from the child.

Categories of abuse are described below. In each category a definition and examples and indicators are included, to aid in determining the category or categories of abuse. Cases may include several of the categories.

Physical Abuse. Any physical injury which is nonaccidental. Examples and indicators: bruises, swelling, sprains, welts, lacerations, wounds, fractures, dislocations, skull fractures, brain damage, subdural hemorrhage, subdural hematoma, internal injuries, burns, scalding, exposure, poisoning, malnutrition, starvation, dismemberment, death.

Emotional Abuse. Any nonaccidental act of commission which endangers the mental health of a child. Examples and indicators: isolation (deprivation of social contact with other people); confinement; deprecation (habitual expression of disapproval); disparagement (to degrade, resulting in lowering of esteem); scapegoating; unrealistic or inappropriate expectations; extreme overprotectiveness; inability to prevent acting-out behavior.

Sexual Abuse. When any sexually oriented act or practice by a person responsible for the child threatens or harms the child's physical, emotional or social development. Examples of sexual abuse include fondling, sexual intercourse, sexual stimulation, sodomy, incestuous family relationships, rape, etc.

Exploitation. Any act which influences, forces, or encourages a child to participate in activities detrimental to his physical or emotional well-being; unjust or improper use of a child for one's own profit or advantage; a situation in which one is benefited at the expense of the other. Examples and indicators: child prostitution, child begging, using child to obtain money, exposure to immoral or degrading situations, inappropriate role responsibilities, such as working hard for too many hours.

TRUANCY[1] - Violation of the compulsory school attendance law on three or more occasions. (Family Code, Title 2, Section 34.02 (a).) Abuse, neglect, or both may be involved in cases of truancy. In those situations, the case is designated as abuse or neglect.

RUNAWAY[1] - A child who has, on three or more occasions, been voluntarily absent from his home without the permission of his parent or guardian for a substantial length of time or without intending to return. (Family Code, Title 2, Section 34.02 (a).) Abuse, neglect, or both may be involved in cases of runaways. In those situations, the case is designated as abuse or neglect.

UNWED PARENTHOOD[1] - Unmarried parents of any age, and school-age parents under age 21, whether married or not, who need assistance in planning for the birth, care, and rearing of their child, as a preventive measure and service against child abuse and neglect of the child.

CHILDREN IN NEED OF SUPERVISION[1] - Children, age 10 through 17, who are referred to the Department by the court or by others concerned for the youths' welfare, as in need of supervision to divert them from the criminal justice system.

NEEDS - "...social definitions, representing a view of what an individual or group requires in order to play a role, meet a commitment, participate adequately in a social process, retain an adequate level of energy and productivity."[2]

SERVICES - That which is provided "formally or informally by the community in order to satisfy the actual or perceived economic, social, psychological, and physiological requirements [needs] of an individual or a group."[3]

RESOURCES - Individuals or organizations that provide a service and/or have the potential for providing a service to meet a need.

BARRIERS - Problems experienced by clients in obtaining services from existing resources.

GAPS - Service needs for which no resources are available.

---

1. The definitions and examples of abuse, neglect, and other case types were derived from the Social Services Handbook, the Protective Services Orientation Book, and the Child Abuse and Neglect Report and Inquiry System Form's Instruction.

2. Alfred J. Kahn, Theory and Practice of Social Planning (New York: Russel Sage Foundation, 1969), p. 63.

3. Edward C. Baumheir and Gretchen A. Hellar, Analysis and Synthesis of Needs Assessment Research in the Field of Human Services (Denver, Colorado: Center for Social Research and Development, University of Denver, 1974), p. 3.

Service Need Categories*

ALTERNATE CARE SERVICES - any care of a child outside of his own home

Adoptive Services - services to a child under managing conservatorship of the Department, to include preparing the child for adoptive placement, selection of a suitable adoptive home, placement and supervision of the adoptive home, and non-DPW adoptive services.

Day Care - care for a child for a portion of the day, but less than 24 hours, in his own home by a responsible person or outside his home in a family day home or day care center

Juvenile Detention Facility - Gatesville, Brownwood, Gainesville, county juvenile detention facility

Foster Care - care of a child outside his own home in an arrangement which provides full time care for six or fewer children

Emergency Foster Care - 24-hour care provided as needed (e.g., receiving home) - (This includes emergency shelter care.)

Ongoing Foster Care - regular foster care provided on an ongoing basis

Special Foster Care - care for children with special needs, such as the mentally retarded

Halfway House Care - a transitional living arrangement which provides therapeutic group living and training designed to produce changes in the client's social behavior and/or ability to function independently within the community

Institutional Placement - care of a child outside his own home in an arrangement which provides full time care in an institutional setting (West Texas Children's Home, Corpus Christi, Corsicana, Waco, Monahans; unwed mother's home)

BASIC SUBSISTENCE SERVICES - everything the client might need (e.g., clothing, food, financial aid, household furnishings)

Clothing - emergency or nonemergency clothing provided free or at a reduced rate

Emergency Subsistence Services - food or grocery orders, financial grants for rent or utilities, holiday food (County Welfare, Caritas, St. Vincent de Paul, religious and service organizations, etc.)

Financial Assistance - AFDC/Medicaid, SSI/Medicaid, SSI/Medicare, Social Security, unemployment compensation

* Use the general category only when none of the subcategories is appropriate.

Food Stamps - self-explanatory

Free School Food - self-explanatory

Household Furnishings - free or reduced-cost furniture, appliances, etc. (St. Vincent de Paul, Goodwill, etc.)

COUNSELING - professional guidance and advice

Alcohol Abuse Counseling - self-explanatory

Drug Abuse Counseling - self-explanatory

Family Counseling - self explanatory

Marital Counseling - counseling around the marital relationship

(Pre)delinquent Counseling - counseling around juvenile problems and acting out behavior

EDUCATIONAL SERVICES - any services provided by the education system in regard to a particular problem or condition, e.g., unwed mother, physical handicap

Basic Adult Education - GED, English classes

Educational Advocacy/Information and Referral - worker intervention to place or return a client to school

Parenting Education - basic child care skills and knowledge, (Parenting Effectiveness Training, YMCA, YWCA, Family Life Education Program, etc.)

Physical/Speech/Hearing Therapy - cerebral palsy, stuttering, minimal deafness

Public School Affiliated Outreach - visiting teacher, homebound teacher

School Counseling - school counselor

Special Education - special educational services to mentally retarded, both trainable and educable, minimally brain injured

Student Evaluation - assessment of students to determine at what educational level they are functioning

Tutoring - provision of instruction and guidance in regard to a specific educational endeavor

EMPLOYMENT RELATED SERVICES - services to help the client find and maintain suitable paid employment by providing diagnostic assessment, helping the client receive needed education and training, helping to secure employment, and providing day care for children

Employee Advocacy/Information and Referral - worker intervention to assist client in referral to, and maintenance of, gainful employment

Job Placement - includes agency services to clients who need gainful employment: TEC, Manpower programs, WIN, etc.

Vocational Training and Education - agency services to assess client's employment potential to aid in placement in training or educational programs related to appropriate employment

HEALTH SERVICES - identifying physical, mental, and dental health needs and securing sereening, diagnosis, and treatment through Medicaid or other health care programs

Emergency Medical Care - emergency, 24-hour care, no appointment necessary

Family Planning - counseling in relation to birth control methods, provisions of birth control methods, physical exam, pregnancy test

General Health Services - regular physical checkups, EPSDT, immunizations, health maintenance, preventive care, hospital outpatient clinics, well baby clinics, any outpatient diagnosis and treatment services and VD testing and treatment

Health Training and Education - visiting nurse or Public Health Nurse visits to assess family's level of health knowledge and skills and provide health education where necessary

Inpatient Hospital Services - self-explanatory

Vision Services - eye surgery, vision tests, etc.

Dental Services - self-explanatory

Hearing Services - self-explanatory

HOME MANAGEMENT SERVICES - formal or informal instruction and training in management of household budgets, care of the home, nutrition, consumer education

Homemaker Services - to provide supplemental care for the child beyond what the family can provide. Including services by a trained homemaker designed to provide a role model for the client in the areas of household maintenance and child care, and services by a trained homemaker to a family to maintain the household while the natural homemaker is ill, physically incapacitated, or out of the home

HOUSING - assisting clients to obtain safe and suitable housing and to upgrade substandard housing by helping to obtain needed housing or repairs or improvements to the existing house

Housing Advocacy/Information and Referral - worker intervention on behalf of client in finding or maintaining adequate housing

Emergency Housing - housing provided on short notice (Salvation Army, Housing Authority, short term, etc.)

Publicly Subsidized Housing - housing authority, 235 housing plan purchases, rent subsidy, etc.

LEGAL SERVICES - e.g., Legal Aid, private attorney

Juvenile Probation Services - probation, counseling (parole)

Adult Probation Services - probation counseling (parole)

MENTAL HEALTH SERVICES - any psychiatric or psychological service that the client may require

Mental Health Diagnosis - interviews, assessment, testing, and narrative provided by a psychiatrist or psychologist for the purpose of determining an individual's level of intellectual and/or emotional functioning. Includes testing by public schools

Outpatient Mental Health Treatment - includes services provided by a psychiatrist, psychologist, or psychiatric social worker associated with a psychiatrist or psychologist, and designed to treat intellectual or emotional problems in a noninstitutional setting

Mental Health Medication - tranquilizers, medications for epilepsy, cerebral palsy, etc.

Inpatient Mental Health Treatment - includes services provided by a psychiatrist, psychologist, or psychiatric social worker associated with a psychiatrist or psychologist, and designed to treat intellectual or emotional problems in a State hospital or State school or other institutional setting

RECREATION PROGRAMS - self-explanatory

SOCIALIZATION PROGRAMS - services directed toward preventing physical or social isolation such as telephone reassurance, friendly visitors, neighborhood activity centers, etc. May include self-help treatment, support groups such as Parents Anonymous, Parents Without Partners, Alcoholics Anonymous, Big Brother, Big Sister, YMCA, YWCA, DPW Volunteer Program, or similar voluntary organizations.

TRANSPORTATION SERVICES - provision or arrangement for transportation necessary to travel to and from community facilities or resources for receipt of needed services

Case Sample No. _____

Case Record Instrument

County _____ Case Reader _____ Date of Reading _____

Case Status: I. Open _____ Closed _____

II. Intake _____ Ongoing _____ Foster Care _____

Number in Family _____ Referred by: (Name) _____

(Organization) _____

Problem: Abuse ___ Neglect ___ Truancy ___ Runaway ___ Unwed Parenthood ___
Children in Need of Supervision___

Disposition: Valid ___ Invalid ___ Moved ___ Uncertain ___

Potential Identified ___ Nothing Recorded ___

	SERVICES NEEDED	SERVICES NEEDED BY			RESOURCES MENTIONED
		Families	Adults	Children	
ALTERNATE CARE SERVICES	ALTERNATE CARE				
	Adoption				
	Day Care				
	Juvenile Detention				
	Emergency Foster Care				
	Ongoing Foster Care				

	SERVICES NEEDED	SERVICES NEEDED BY			RESOURCES MENTIONED
		Families	Adults	Children	
ALTERNATE CARE SERVICES	Special Foster Care				
	Halfway House				
	Institutional Placement				
BASIC SUBSISTENCE SERVICES	BASIC SUBSISTENCE SERVICES				
	Clothing				
	Emergency Subsis. Serv.				
	Financial Assistance				
	Food Stamps				
	Free School Food				

	SERVICES NEEDED	SERVICES NEEDED BY			RESOURCES MENTIONED
		Families	Adults	Children	
BASIC SUB SERVICES	Household Furnishings				
COUNSELING	COUNSELING				
	Alcohol Abuse Counseling				
	Drug Abuse Counseling				
	Family Counseling				
	Marital Counseling				
	(Pre)delinquent Counseling				
EDUCATIONAL SERVICES	EDUCATIONAL SERVICES				
	Basic Adult Education				
	Educational Advocacy Infor. and Referral				
	Parenting Education				

	SERVICES NEEDED	SERVICES NEEDED BY			RESOURCES MENTIONED
		Families	Adults	Children	
EDUCATIONAL SERVICES	Physical/ Speech/ Hearing Therapy				
	Public School Affiliated Outreach				
	School Counseling				
	Special Education				
	Student Evaluation				
	Tutoring				
EMPLOYMENT RELATED SERVICES	EMPLOYMENT RELATED SERV.				
	Employee Advocacy Information & Referral				
	Job Placement				
	Vocational Training and Education				
HEALTH SERVICES	HEALTH SERVICES				
	Emergency Medical Care				

	SERVICES NEEDED	SERVICES NEEDED BY			RESOURCES MENTIONED
		Families	Adults	Children	
HEALTH SERVICES	Family Planning				
	General Health Services				
	Health Training and Education				
	Inpatient Hospital Services				
	Vision Services				
	Dental Services				
	Hearing Services				
HOME MANAGEMENT SERVICES	HOME MANAGEMENT SERVICES				
	Homemaker Services				
HOUSING	HOUSING				
	Housing Advocacy/Information & Referral				
	Emergency Housing				
	Publicly Subsidized Housing				

	SERVICES NEEDED	SERVICES NEEDED BY			RESOURCES MENTIONED
		Families	Adults	Children	
LEGAL	LEGAL				
	Adult Probation				
	Juvenile Probation				
MENTAL HEALTH SERVICES	MENTAL HEALTH SERVICES				
	Mental Health Diagnosis				
	Outpatient Mental Health Treatment				
	Mental Health Medication				
	Inpatient Mental Health Treatment				
RECREATION	RECREATION PROGRAMS				
SOCIALIZATION	SOCIALIZATION PROGRAMS				
TRANSPORTATION	TRANSPORTATION SERVICES				
OTHER	OTHER (List specifically)				

Protective Services Delivery Staff Questionnaire

1. Sample Number _____ 2. County _____

3. How long have you been with DPW in Protective Services?

_____ Less than 6 months
_____ 6 to 11 months
_____ 1 to 2 years
_____ 2 to 5 years
_____ more than 5 years

4. What is your job level?

_____ Comm. Serv. Aide I
_____ Comm. Serv. Aide II
_____ Comm. Serv. Aide III
_____ P. W. Worker I
_____ P. W. Worker II
_____ P. W. Worker III
_____ P. W. Supv. I
_____ P. W. Supv. II
_____ P. W. Supv. III

5. In which area(s) of Protective Services do you currently work? (CHECK ALL THAT APPLY)

_____ Intake _____ Ongoing _____ Foster Care

6. What are the five most important service needs of families in which abuse and neglect has occurred? List in any order and disregard whether or not these services are currently available in your county. If the services are available and you have clients who need these services please list the agencies to which you most frequently refer the client. (If there are no agencies available for the service need, please indicate "not available.")

Service Need: _____

Agencies: _____

_____

_____

_____

Service Need: _____

Agencies: _____

_____

_____

_____

Service Need: _____

Agencies: _____

_____

_____

_____

Service Need: _____

Agencies: _____

_____

_____

_____

Service Need: _____

Agencies: _____

_____

_____

_____

7. We want to determine in your opinion, how well protective services clients are obtaining needed services. Please list those agencies in which your clients have experienced recurring problems in obtaining services. Include those agencies that you currently use as well as those you no longer use. In column I list the agencies and in column II describe the problem.

Column I (Agencies)	Column II (Problems)
_____	_____
	_____
_____	_____
	_____

Column I (Agencies)	Column II (Problems)

8. In families where abuse or neglect has occurred, what services are needed for which no agency or individual provider is currently available in your county?

9. Please list the service needs of families in which abuse and neglect has occurred which are inadequately provided and need to be expanded within your county.

Service Need	Agency	Type of Expansion Needed

Client Interview Guide

1. Sample Number _____ 2. County _____ 3. Interviewer _____

4. Age _____ 5. Sex ____Male ____Female 6. Race _____

7. Marital Status:

____ Single ____ Married ____Separated ____ Divorced ____ Widowed

8. Financial Status:

_____ AFDC only
_____ Less than $2,000
_____ $2,000 - $5,000
_____ $5,001 - $10,000
_____ $10,001 - $15,000
_____ over $15,000

9. Educational Status:

_____ Less than 6th grade
_____ 7th to 9th grade
_____ 10th to 11th grade
_____ High School Graduate
_____ College ____ Yrs. ____ Graduate
_____ Graduate School ____ Yrs. ____ Graduate

10. How many children do you have? _____ Ages _____

Are they living with you? ____ Yes ___ No

Is there anyone else in the home? _____

11. What are the five most important needs of families in which abuse and neglect has occurred? [Specify type of need.]

_____ health needs
_____ housing (specify)
_____ transportation (specify, for what purpose)
_____ employment _____ getting a job _____ getting a better job
_____ keeping a job _____ earning more money
_____ food
_____ clothing
_____ family or marital counseling
_____ family planning
_____ child care _____ part-time _____ all-day _____ on call basis
_____ being able to get out of the house by yourself or with your spouse to shop, relax, see a movie, etc.
_____ housekeeping techniques
_____ getting help with loneliness
_____ getting help with children having problems at school
_____ learning how to get along better with your children
_____ getting help with housekeeping chores
_____ other (write-in)

12. What services have you and/or your family needed that have not been provided? Why?

_____

_____

_____

_____

_____

13. From what agencies have you and/or your families experienced problems in obtaining services.

Agencies	Problems
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

14. What kind of programs would be helpful to a person in fulfilling their role as a parent?

_____

_____

_____

15. If there were recreational programs available to you and your family, would you participate?

_____ Yes _____ No

Why/Why not? _____

_____

_____

What kinds of recreation would you be most interested in? _____

_____

_____

16. If there were educational programs available to you and your family, would you participate?

_____ Yes _____ No

Why/why not? _____

_____

_____

What kind of educational programs would you be most interested in?

_____

_____

17. If there were employment programs available to you and your family, would you participate?

_____ Yes _____ No

Why/why not? _____

_____

_____

What kind of employment programs would you be most interested in?

_____

_____

18. We would like your recommendations on what you would say are the most important points to consider in planning services for abused and neglected children and their families?

SAMPLE COVER LETTER FOR MAILOUT QUESTIONNAIRES

STATE DEPARTMENT OF PUBLIC WELFARE
JOHN H. REAGAN BUILDING, AUSTIN, TEXAS 78701

RAYMOND W. VOWELL
Commissioner

BOARD MEMBERS

JAMIE H. CLEMENTS
Chairman, Temple

HILMAR G. MOORE
Richmond

RAUL JIMENEZ
San Antonio

DATE

SAMPLE

Subject: Needs and Resources Assessment _____ County

Dear :

CANRED is a research project operated by the Texas Department of Public Welfare (TDPW) from its Regional office in Austin. The CANRED Project has been funded to determine the service needs of abused and neglected children and their families and the service resources available to meet those needs in several Texas counties. Your county is one of the Texas counties we have selected for study. As a part of our efforts to accurately determine service needs and resources in these counties, we are surveying leaders of local voluntary organizations, political leaders, local agencies and individuals providing services, and DPW protective services clients, staff, and case records. The information which you and other local leaders offer will be used in the preparation of plans for better coordination of existing service resources and in the development of new resources identified as needed in your county.

We are asking you to either complete the attached questionnaire or have it completed by someone on your staff who has knowledge or experience with the problems of abuse and neglect. You will thus assist us in our effort to develop and coordinate resources to meet the needs of the abused and neglected children and their families in this county. A self-addressed stamped envelope is enclosed. We need your assistance. If you have any questions about this or other aspects of the CANRED Project, please contact me at (phone number). Thank you in advance for your cooperation.

Sincerely,

NAME
Director
CANRED Project

Enclosure

"AN EQUAL OPPORTUNITY EMPLOYER"

SAMPLE REMINDER LETTER FOR MAILOUT QUESTIONNAIRES

STATE DEPARTMENT OF PUBLIC WELFARE
JOHN H. REAGAN BUILDING, AUSTIN, TEXAS 78701

DATE

SAMPLE

RAYMOND W. VOWELL
Commissioner

BOARD MEMBERS

JAMIE H. CLEMENTS
Chairman, Temple

HILMAR G. MOORE
Richmond

RAUL JIMENEZ
San Antonio

Subject: Needs and Resources Assessment in _____ County

Dear :

In (month, year) we mailed a questionnaire seeking your participation in a research survey on the problems of child abuse and neglect. As of this date we have not received your questionnaire.

A number of persons who returned the questionnaire indicated that they felt somewhat uncomfortable in completing the questionnaire because they have had no experience in this area and felt that it was difficult to respond.

We can understand that such concerns could influence your decision not to return the questionnaire. It might be helpful for you to know, however, that we are seeking your views as a member of the community. We do not expect that you have first-hand knowledge or experience with child abuse and neglect. Nor do we intend to consider your response as a commitment on the part of you or your organization. Your response will be considered along with responses from other individuals and organizations to obtain a perspective on your community.

Please try to fill out the questionnaire as best you can. If you find questions which you cannot answer, please go on to the questions you can answer. We need your views.

If you have any questions or if you feel you cannot return the questionnaire, please call us at (phone number) or write to us.

Sincerely,

NAME
Director
CANRED Project

"AN EQUAL OPPORTUNITY EMPLOYER"

Community Resource Questionnaire
(Agencies, Organizations, Institutions, etc.)

1. Sample Number_____ 2. County_____

3. Name _____

4. What is your position?_____

5. What are the five most important service needs of families in which abuse and neglect has occurred? List in any order and disregard whether or not these services are currently available in your county. If the services are available and you have clients who need these services, please list the agencies to which you most frequently refer the client. If there are no agencies available for the service need, please indicate "not available."

   Service Need: _____

   Agencies: _____

   _____

   _____

   _____

   Service Need: _____

   Agencies: _____

   _____

   _____

   _____

   Service Need: _____

   Agencies: _____

   _____

   _____

   _____

Service Need: _____

Agencies: _____

_____

_____

_____

Service Need: _____

Agencies: _____

_____

_____

_____

6. We want to determine how well protective services clients are obtaining needed services. Please list those agencies in which your clients have experienced recurring problems in obtaining services. Include those agencies that you currently use as well as those you no longer use. In column I list the agencies and in column II describe the problem.

Column I Agencies	Column II Problems
_____	_____
	_____
_____	_____
	_____
_____	_____
	_____
_____	_____
	_____
_____	_____
	_____

7. Please list the service needs of families in which abuse or neglect has occurred for which no agency or individual provider is currently available in your county?

8. Please list the service needs of families in which abuse and neglect has occurred which are inadequately provided and need to be expanded within your county.

Service Need	Agency	Type of Expansion Needed

Community Rescurce Questionnaire
(Individual Service Providers)

1. Sample Number_____ 2. County _____

3. Profession _____

4. What are the five most important service needs of families in which abuse and neglect has occurred? List in any order and disregard whether or not these services are currently available in your county.

   A. _____

   B. _____

   C. _____

   D. _____

   E. _____

5. What are the service needs of families in which abuse or neglect has occurred for which no agency or individual provider is currently available in your county?

   _____ _____

   _____ _____

   _____ _____

   _____ _____

6. Please list the service needs of families in which abuse and neglect has occurred which are inadequately provided and need to be expanded within your county.

Service Need	Agency	Type of Expansion Needed

Political and Community Leaders Questionnaire

1. Sample Number _____ 2. County _____

3. What is your name? _____

4. What is your position? _____

5. In your opinion, what are the five most important service needs of families involved in child abuse and neglect?

   A. _____

   B. _____

   C. _____

   D. _____

   E. _____

6. What kind of services do you feel should be provided to meet the needs of families involved in abuse and neglect that are currently not available?

7. What do you think are the greatest priorities for child abuse and neglect services in this county?

8. What do you perceive as your role in your county's effort to combat the problems of child abuse and neglect?

9. What services to meet the needs of families involved in abuse and neglect would you support or endorse?

Voluntary Community Organization Questionnaire

1. Sample Number _____ 2. County _____

3. Organization Name _____

4. What is your name? _____

5. What is your position? _____

6. What are the five most important service needs of families in which abuse and neglect has occurred? List in any order and disregard whether or not these services are currently available in your county.

   A. _____

   B. _____

   C. _____

   D. _____

   E. _____

7. Attached you will find a list of services that are sometimes needed by abused and neglected children and their families. The list was compiled by reading a sample of child abuse and neglect cases. Also attached are descriptions of five possible levels of participation. Below please indicate, for those services you are involved in, your current level of participation. Also, for those services you could potentially become involved in indicate the appropriate level of participation.

List of Services	Levels of Participation	
	Current	Potential
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SAMPLE LIST OF SERVICE NEEDS

(The following list is only a sample list of service needs. Please add any other service needs you feel are important or further specify those needs listed.)

Alcoholic Treatment Services

Basic Adult Education

Day Care

Drug Abuse Treatment Services

Emergency Shelter
(an emergency shelter for lost children who come to the attention of the police or local welfare office)

Family Counseling

Family Planning

Financial Assistance

Foster Care

General Health Services

Halfway House Care (care for older adolescents in a semi-structured living situation)

Health Training Education

Homemaker Services (a person who replaces a parent who is absent from the home due to an emergency or who helps a parent in the home learn adequate housingkeeping and parenting)

Individual Counseling

Institutional Placement

Juvenile Delinquency Services

Legal Services

Marital Counseling

Parenting Education

Physical/Speech/Hearing Therapy

Psychiatric/Psychological Diagnosis

Psychiatric/Psychological Inpatient Treatment

Psychiatric/Psychological Outpatient Treatment

Publicly Subsidized Housing

Recreation Programs

Self Help Groups (AA, Parents Without Partners

Socialization Programs (Big Brothers)

Special Education (programs for retarded or handicapped children)

Subsistence Services (emergency food, clothing, rent, or utility payments)

Transportation

Vocational Training and Education

LEVELS OF PARTICIPATION

(1) no participation
(2) endorsement of a community effort through a new or expanded activity
*(3) provision of financial support
*(4) provision of volunteers
(5) sponsorship of a particular project using organization's resources

*Please give an estimate of amount

Appendix C

CODING PROCEDURES FOR BARRIERS

CODING PROCEDURES FOR BARRIERS

DPW workers and agency personnel from other community resources were asked to identify the five most important service needs of families in which abuse or neglect has occurred, the agencies to which they refer clients for each of the most important services, and any barriers clients have experienced in obtaining the service from the agencies. Additionally, these groups were asked to identify the agencies to which they do not refer clients and the barriers which prevent clients from receiving services from these agencies.

The barriers which make it difficult for clients to receive services were categorized into eight general categories with some having various subcategories.

Personnel	Cooperation
Services	Agency Resources
Eligibility Requirements	Client Problems
Accessibility	DPW Worker Problem

The first list below describes each category and the subcategories that were coded within the general category. A second list gives examples of barriers that were used to assist the casereader in coding.

Category 10 Personnel

11. Insufficient Staff - includes any response indicating that the agency lacks enough staff to deliver the mandated service, etc.

12. Staff Attitude - includes any response indicating that the agency staff, one person or more, treat clients badly. This category includes behaviors which could be described as rude or inconsiderate.

13. Staff Turnover - includes any response indicating that the agency has experienced a high rate of staff turnover.

Category 20 Services

21. Lack of Staff Training - includes any response indicating that staff are not well trained or need further training to deliver the services to meet the special needs of protective services clients.

22. Service Available But Inadequate - includes any response indicating a problem which negatively affects the quality of service. Examples of responses on quality of service include "often not responsive to need," "sometimes too far-out in their approach," and "inadequate care or service to client."

23. Service Not Available or Available in Insufficient Quantity - includes any response indicating that the service is not available or is available in insufficient quantity. This category covers situations where the amount of service a client can receive is limited. It includes responses such as "not enough spaces," as in a day care center; "the housing projects are filled," and the "service is available erratically," etc.

24. Client Must Wait For Excessive Periods of Time - includes any response indicating that the client must wait in the waiting room for long periods of time before being seen.

25. Lack of Preventive Services - includes any response indicating that an agency provides only ameliorative services rather than preventive services.

Category 30 Eligibility Requirements

30. General Category of Eligibility - includes nonspecific responses indicating that a client doesn't meet requirements or isn't eligible for the service.

31. Agency Policy - includes any response indicating a problem resulting from specific eligibility requirements which the agency itself could alter through executive or board action.

32. Fee Problem - includes any response indicating that the fee is too high or that the client cannot afford to pay for the service.

33. Agency Regulations - includes any response indicating a problem resulting from specific eligibility requirements imposed on the agency from the State or Federal level and which the agency cannot change.

34. Service Limited Geographically - includes any response indicating that the service is only available to persons living in a proscribed geographical area.

35. Age Restrictions - includes any response indicating that the service is available only to persons in a certain age group.

36. Sex Restrictions - includes any response indicating that the service is available only to persons who are of a particular sex.

Category 40 Accessibility

40. General Category of Accessibility - includes responses indicating that the agency is viewed as being unresponsive and periodically unavailable. Examples of responses are "never answer phone," never go out on case," and "difficulty in getting hold of clinic."

41. Lack of Emergency Services - includes any response indicating that the absence of emergency services is a problem.

42. Waiting List and/or Intake Problems - includes any response indicating the client must wait a long period, several days, weeks or months before the service is initiated.

43. Transportation Problems - includes any response indicating that the client lacks transportation to reach an available service.

44. Complicated and/or Time-Consuming Application Process - includes any response indicating that the application forms or procedures are too complicated or take too much time.

45. Irregular or Inconvenient Hours of Operation - includes any response indicating that the agency's hours of operation cause a problem in obtaining the service.

46. Service Location - includes any response indicating that the service is inaccessible due to its location for persons who are the logical client population for the agency's services.

47. Problems Experienced by Rural Clients - includes any response indicating that the needed service is not available in the client's rural area. This means that the client may have to go to a metropolitan area for the service. Resulting problems include lack of transportation to the service; ineligible because the client is not a resident or because his county has not allocated funds to pay for the service; the service is available inadequately because it moves from county to county on different days; or the client is unfamiliar with the services available in metropolitan areas.

48. Quality of Services (Rural) - includes any response indicating that the services available in rural areas are inadequate in quality compared with the same services in metropolitan areas.

49. Language Barrier - includes any response indicating that the client is experiencing a problem because no agency personnel speak his language and understand his cultural background.

Category 50 Cooperation - includes any response indicating that the agency is unwilling to cooperate with the Department in sharing information about mutual clients. Responses may include comments on lack of communication.

Category 60 Agency Resources

61. Lack of Funds/Resources to Deliver Services - includes any response indicating the agency is unable to deliver the service because of insufficient resources (food, clothing, etc.) or insufficient funding.

62. Organizational Problem - includes any response indicating that service delivery is impaired or prevented due to internal administrative or structural problems.

63. Agency Attitude - includes any response indicating that an agency's attitude is negative or perceived as rigid and, therefore, restricts referral to the agency and delivery of services by the agency.

64. No Babysitting - includes any response indicating that an agency has no provision for child care on the premises (i.e., no play room or supervision while parents are receiving services).

65. Agency Services Not Well Publicized - includes any response indicating that the agency's services are not fully utilized because the agency is not well known and its requirements are unknown.

Category 70 Client Problem - includes any response indicating that the service is available, but is not used because of the client's problem, such as: "clients are unaware that the service exists," "clients do not keep appointment," and "clients do not follow up."

Category 90 Worker Problem - includes any response indicating that the problem lies with the DPW worker and his lack of knowledge of the agency.

I. Personnel 10

Subcategories: Insufficient 11
Attitude 12
Staff turnover 13

11 lack of staffing (overcrowded)
11 not enough aides (CSAs for EPSDT)
11 difficult to be seen at office due to many people applying
11 high workload of doctors doing testing (understaffed)
11 volunteer may not be available
11 not enough (e.g. homemakers, etc.)
11 lack of supervision (not enough staff to supervise children)
11 limitations on acceptance of client
11 heavy caseloads
11 overabundance of cases
11 overcrowded
12 punitive attitude
12 reluctant to provide service
12 biased individual
12 exploitation of clients
12 volunteer may not relate to client due to different socioeconomic background
12 attitude toward clients questionable
12 clients treated on assembly-line basis
12 staff rude
12 intake worker alienates clients
12 staff impatient because there are so many unemployed
12 rude treatment
12 lack of commitment from staff
12 clients get hassled for payment

II. Services 20

Subcategories: Lack of training 21
Service available but inadequate (quality not good) 22
Service not available or available in insufficient quantity 23
Client must wait for excessive periods of time to receive service 24
Lack of preventive services 25

21 no known speciality for treating family in crisis

21 unqualified staff

21 lack of skilled professional workers

21 lack of houseparent training

21 lack of training in protective service work

21 lack of training for foster parents

22 they try to channel referrals into already existing adult programs which are of little support to insecure teenagers

22 unlicensed facility

22 not responsive to need

22 lack of commitment and sensitivity of foster parents

22 indifferent to child's readjustment to community

22 no emergency licensed placements for boys

22 inadequate intensity of counseling

22 provide temporary care only

22 lack of commitment to teenagers (insensitive)

22 can't handle teenagers

22 working only with substitute care

22 do not provide nine-month prenatal care

22 sometimes too "far out" in their approach

22 often not responsive to needs

22 poor quality service provided

22 not always accurate evaluation of client's problem

22 administer medication without proper instruction

22 do not do enough counseling, give too many pills

22 they can't or won't provide service in useful manner

22 good for predelinquent; bad for inexperienced D&N kids

22 inadequate care or service to client

22 lack of follow-through once case is accepted

22 adequate structure for boys - need for services for girls

22 psychiatric testing often cursory and not useful

22 no follow-through by same physician

22 personnel changes with residents and graduate students destroy continuity of treatment

22 poor housing (public housing authority)

22 no adequate counseling services
22 haven't had good results with this provider
22 only do extractions
22 can't or won't provide services in a timely manner
22 lack of enough child care centers
23 group homes overcrowded
23 usually no slots available
23 difficult to locate a participating landlord
23 always full
23 filled
23 no room (public housing)
23 not enough teenage foster homes
23 limited spaces available
23 lack of temporary foster homes
23 inability to devote required amount of time with client
23 housing difficult to find which meets program eligibility guidelines
23 service sometimes not available or available erratically
23 time limitations
24 wait and wait and wait - takes all day
24 crowded schedule at the clinic

III. Eligibility Requirements 30

Subcategories: Agency regulations 31 (can't change)
Fee problem 32
Agency policy 34 (nonspecific, can change)
Service limited geographically 35
Age restrictions 36
Sex restrictions 37

30 do not meet requirements
30 always appear to have qualifications our clients don't meet
30 policy doesn't allow
31 too many children (if for housing)
31 service unavailable to those not on SSI
31 services offered only to those children with learning disabilities
31 only available to DPW-VR
31 restricted to service only problematic children

31 must be SSI recipient and also disabled

31 only serves migrants

31 EPSDT only for AFDC

31 if they get jobs they no longer qualify (Equal Opportunity Day Care)

31 military families don't qualify (Food Stamps)

31 court order necessary to obtain service (if for AFDC foster care)

31 will provide service only if child adjudicated a J.D.

32 lack of funds for deposit

32 no money for physicals

32 refusal to accept Medicaid

32 cost of services

32 fees (lack of money for)

32 lack of money

32 discounts on tooth pulling only

34 refusal to test children whose problem is not school-related

34 will not test other family

34 will not accept client in therapy unless foster parents participate

34 income too high for public health clinics

34 need high school diploma

34 client must be referred by M.D.

35 only serves Northside

35 eligibility restricted to a particular geographical area

35 eligibility restricted to a certain age group

37 eligibility restricted to a particular sex

IV. Accessibility 40

Subcategories:
- Lack of emergency services 41
- Waiting list and/or intake problems 42
- Transportation problems 43
- Complicated and/or time-consuming application process 44
- Irregular or inconvenient hours of operation 45
- Service location 46
- Problems experienced by rural clients 47
- Quality of services (rural) 48
- Language barrier 49

40 no outreach

40 never answer phone

40 difficulty getting hold of clinic
40 person who makes decision not always in
40 never go out on case
41 extractions only 2 days/week - no emergency services
41 lack of emergency services
42 waiting list
42 slow referral process
42 very long waiting list
42 nothing immediately available
42 slow response to referral
42 nothing immediately available. takes too long (MHMR)
42 time lapse (in case acceptance)
43 transportation
43 out-of-county transportation
43 lack of tranportation (to SASH) Work Activity Center
44 complicated and time-consuming application process
44 complicated forms
44 usual red tape
45 need services on a 24-hour basis
45 irregular hours of operation
46 day homes are not located near client's home
46 facility located too far from clients
47 rural residents' lack of familiarity with urban program
47 lack of funds to pay for services for rural clients
47 out-of-county cost for service
47 availability of services of out-of-county doctors
47 will not take out-of-county patients
47 doctor must come from out of town
47 refusal to examine two-year-old sexual abuse victim
47 lack of county funds to pay fee - psychiatrist and basic subsistence
48 quality of services delivered through rural satellites

V. Cooperation 50
50 lack of cooperation
50 poor feedback on evaluation on work with client or kids in our custody

50 no cooperation in emergency client follow-up
50 lack of feedback from staff working with child
50 confidentiality problems in getting results
50 lack of communication
50 reaching (communicating) with agency a problem
50 no cooperation between DPW and agency
50 communication problem due to agency's interpretation of Privacy Act
50 clients are turned away unless politically pushed
50 reluctant to accept protective services type client
50 welfare quota met for year
50 refusal by judge to grant services

VI. Agency Resources 60

Subcategories: Lack of funds/resources to deliver services 61
Organizational problem 62
Agency attitude 63
No babysitting 64
Agency services not well publicized 66

61 closed, lack of funds
61 lack of AFDC funds
61 lack of resources
61 have limited funds (churches)
61 lack of enough clothing
61 don't have supplies on hand
61 insufficient supplies in stock
61 no baby foods
62 lack of organization
62 agency not set up to meet our client's needs
62 hard to get case sent over to ongoing
62 inconsistent guidelines for eligibility
63 reluctance to accept new patients/clients
63 lack of understanding of abuse
63 too rigid church influence
63 restrictive visitation rules
63 too choosy in accepting those they help
63 agency requirements or prerequisites are unknown

VII. Client Problem 70

70 family refused because of hostility

70 clients are not always willing to come in

70 using this agency is humiliating for client

70 migrants do not like factory jobs

70 clients do not follow-up

70 clients do not keep appointment

70 clients are unaware that service exists

70 clients don't know of the appropriate resource

VIII. DPW Worker Problem 80

81 Worker unfamiliar with agency

Appendix D

MANAGEMENT OBJECTIVE AND
TRACKING ACTIVITY REPORTS

Appendix D

CONTENTS

Example 1 ..... D-1

Example 2 ..... D-5

Example 3 ..... D-11

Example 4 ..... D-16

State of Texas
Department of Public Welfare

EXAMPLE 1

Form 159
May 1974

MANAGEMENT OBJECTIVE

1. Goal To increase the availability of 24 hour crisis counseling services to potential child abusers in McLennan County
2. Primary Responsibility Rex Selters, Mental Health-Mental Retardation, Ph.D.

_____ Date _____
Office/Individual

3. Approved _____ Date _____

4. Objective Statement

To make the public aware that a 24 hour crisis line of Mental Health-Mental Retardation in McLennan County is available for potential child abusers' use and expand present services if necessary to handle the increase in use.

5. Description of Output Measure

Increase in phone calls by persons needing help with parent-child problems

6. Justification (cite law or regulation where applicable)

CANRED identified counseling services as a primary need, many comments specified the need for preventative counseling in the form of a crisis line. This service does exist, however, from the responses received it is apparent this service is not well known or used by Protective Service clients.

7. Strategy (include statement of secondary responsibility where applicable)

Confirm that existing crisis line is appropriate resource, inform crisis line of need for public awareness, obtain support for public awareness campaign, conduct campaign, evaluate effectiveness.

8. Resources (Person-days, Equipment, Dollars)

Mental Health-Mental Retardation crisis line and staff
Department of Human Resources-Contract Services-Title XX Funds
Local Media-radio, TV, newspapers
Funds for printing of cards for distribution
Three person days

9. Recommended Review/Report Dates

Weekly

10. Action Steps (number each step)	Dates
see attached tracking form	

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—continue on reverse side—

State of Texas
Department of Public Welfare

TRACKING ACTIVITY REPORT (TAR)

Form 920
April 197

Status as of:
June 1978

Goal: To increase the availability of 24 hour crisis counseling services to potential child abusers in the McLennan County

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
I. Confirm adequacy of existing crisis line to provide this type of service	Gilliam	2/78	2/78		
A. Talk with MHMR (Rex Selters) concerning services provided by the existing crisis line- Do they handle parent-child problems	"	(2/78) / 2/78	(2/78) / 5/78	Complete	
B. Explore any needs by crisis line staff for further training in child abuse counseling	Gilliam/ Balcom	(3/78) / 3/78	(3/78) / 5/78	Complete	
1. Set up specialized training utilizing P.S. staff expertise	Balcom/ Selters	(6/78)	(8/78)	Incomplete	Balcom plans to have his staff briefed on child abuse, the format has not been decided.
II. Inform crisis line of need for more public awareness--provide CANRED findings in regards to needs for child abuse preventative counseling	Gilliam	(4/78) / 4/78	(4/78) / 5/78	Complete	Director of MHMR does not want any additional publicity due to current volumes of business. They cannot handle an increase in use with present staffing.
III. Expand present crisis line in order to provide increase service	Selters/ Balcom/ Derrick	(5/78) / 5/78	(8/78)	Incomplete	
A. Include crisis line service as part of the MHMR-DHR contract	"	"	"	"	this may be included in next fiscal year contract
IV. Conduct public awareness campaign	Balcom	(5/78) / 6/78	(8/78)	Incomplete	

*Change on item since last TAR

State of Texas
Department of Public Welfare

Status as of:

TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
A. Make changes in newspaper ads to include parent-child crisis counseling as a service provided	Balcom	(5/78) / 5/78	(8/78)	Incomplete	This has been suggested and MHMR indicated this was a possibility
B. Make changes in radio public service announcements	"	"	"	"	This type of publicity will not be initiated unless services are expanded
C. Obtain cards with crisis number and services offered	"	"	"	"	MHMR is open to this and staff will be supplied with the cards regardless of success of new contract
1. Make available to P.S. clients through P.S. caseworkers	Balsom/ Selters	"	"	"	
2. Make available in lobbys of other social service offices	Balcom	"	"	"	
D. Fully inform DHR staff of crisis line services and how to use it	Selters	"	"	"	
V. Evaluate effectiveness of campaign	MHMR/P.S. Staff	"	Ongoing	Ongoing	The crisis line workers keep a daily log of calls by category. They will add another category of potential child abuse.
A. Keep log of services requested and identify any increase in requests of this type	Balcom	"	"	"	

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*Change in item since last TAR

State of Texas
Department of Public Welfare

Status as of:

TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
B. Workers notice more awareness of service by clients	Staff	(5/78)	Ongoing	Ongoing	Abbreviations: MHMR--Mental Health-Mental Retardation, DHR--Department of Human Resources, and P.S.--Protective Services

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*Change on item since last TAR

State of Texas
Department of Public Welfare

EXAMPLE 2

Form 159
May 1974

MANAGEMENT OBJECTIVE

1. Goal To provide developmental day care services to serve needy families in Killeen

2. Primary Responsibility Department of Human Resources staff and Temple Coordinate Child Care Council

Office/Individual Date

3. Approved Date

4. Objective Statement

To establish a headstart program in the Killeen area for needy families.

5. Description of Output Measure

The establishment of a Killeen area headstart program

6. Justification (cite law or regulation where applicable)

CANRED Project Needs and Resources Assessment which identified day care as a primary need.

7. Strategy (include statement of secondary responsibility where applicable)

Temple Coordinate Child Care Council will establish support for service; secure funding, staff, a facility, and (transportation); and coordinate implementation with the assistance of a Headstart Task Force in Killeen

8. Resources (Person-days, Equipment, Dollars)

Department of Human Resources staff
Forty-five person days
Bell County Health Department
Texas Power and Light Company staff
Fort Hood Army Community Services staff
H.E.L.P. Center
Hill County Community Action Matching Funds
Headstart Funds--121 thousand dollars
Federal Headstart Funds
Temple coordinated Child Council staff and board members
Saint Andrews Methodist Church (minister and membership)

9. Recommended Review/Report Dates

biweekly

10. Action Steps (number each step)	Dates
See attached tracking forms	

--continue on reverse side--

State of Texas
Department of Public Welfare

TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

Status as of: June 1978

Goal: To provide developmental day care to children of needy families

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
I. Develop a headstart program in Killeen for needy families					
A. Establish support for a Killeen day care center					
1. The 4-C's assessment of need	Temple 4-C's				
2. CANRED needs assessment information	Beckham	(3/78) / 3/78	(3/78) / 3/78	Complete	information provided to Temple 4-C's
B. Obtain funding					
1. Research availability of Title XX funds, Federal Headstart Funds	Temple 4-C's	3/3/78	3/78	"	they are available at this time
2. Contact Hill Country Community Action Program for matching funds by	"	3/78	3/78	"	will supply matching funds
a. Writing and submitting a grant to obtain headstart funds	"	6/78	(6/78)	In process	could not submit grant request until secured a facility
C. Arrange for a Headstart Program					
1. Locate a community group to sponsor and manage a headstart program	Hill Country Community Action	3/78	3/78	Complete	Temple 4-C's was identified

*Change on item since last TAR

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Status as of:

TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
2.- Organize a Killeen task force to aid in the arrangements for the Head-start program	Beckham/ Temple 4-C's	3/78	4/78	Complete	Temple 4-C's wanted local Killeen interested citizens involved
3. Locate site(s) for head-start centers in Killeen	Beckham	3/78	(5/78) / 6/78	"	
a. Review CANRED material	"	3/78	3/78	"	
b. Contact voluntary organizations identified through the assessment, local churches	"	4/78	4/78	"	found a promising possibility to be pursued further
c. Contact the Killeen ISD System	Julian Abbud Killeen HELP Center	4/5/78	4/5/78	"	
d. Contact possible site identified	Beckham	4/78	4/78	"	
1. Approach the minister with request for class-room space	Bechkam/ Temple 4-C's	3/30/78	4/6/78	"	
2. Inform the church trustees of Head-start Program plans and solicit approval	Minister	4/7/78	4/7/78	"	they want more information to be collected and provided them at a later meeting

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*Change in item since last TAR

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TRACKING ACTIVITY REPORT (TAR)

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OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
3.. Have DHR Day Care Licensing review location for possible location of center and to obtain an idea of extent of changes to the church building that would be required if program implemented	Beckham/ Day Care Licensing staff	5/3/78	(5/3/78) 5/29/78	Complete	
4. Obtain Health Inspection	Beckham/ Bell County Health Dept.	5/78	5/25/78	"	We were stood up three times before they sent someone out to check on the facility.
5. Have a fire inspection completed	Beckham/ Killeen Fire Marshall	4/27/78	5/3/78	"	
6. Obtain estimate of utility bills for program	Beckham	5/23/78	5/23/78	"	
7. Obtain estimate of value for donated space	Beckham	5/24/78	5/24/78	"	
8. Present information to trustees meeting	4-C's/ Beckham	5/30/78	5/30/78	"	trustees approved plan
9. Obtain special zoning permit	Beckham	5/2/78	5/4/78	"	

*Change in item since last TAR

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Status as of:

TRACKING ACTIVITY REPORT (TAR)

Form 920
April 197

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
10. Obtain permit approval for headstart center from the Church's administrative Board	4-C's/ Beckham	6/1/78	6/1/78	Complete	
11. Make renovations to building to make it coincide with state licensing standards	Temple 4-C's	(7/78)	(8/78)		
II. Implement headstart Program	Temple 4-C's				
A. Selection of Headstart Director	"	5/20/78	5/30/78	Complete	
B. Selection of Headstart staff	Headstart Director	(8/78)	(8/78)		
C. Recruit parents of potential Headstart children for a Headstart Advisory Board	Temple 4-C's/ Headstart Director	(8/78)	(8/78)		
D. Notify community and potential clients of the Headstart program	Temple 4-C's	(8/78)	(8/78)		
1. Contact DHR's AFDC Office	"	(8/78)	(8/78)		
2. Contact the Social Security Administration	"	(8/78)	(8/78)		
E. Open Headstart Center	Temple 4-C's	(9/78)	(9/78)		

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*Change in item since last TAR

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Status as of:

TRACKING ACTIVITY REPORT (TAR)

Form 92C
April 197

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
III. Evaluate the Headstart Program	Temple 4-C's	(9/1/78)	Ongoing	Ongoing	Abbreviations: DHR--Department of Human Resources, AFDC--Aid To Families with Dependent Children, ISD--Independent School District, 4-C's--Coordinate Child Care Council

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*Change in item since last TAR

State of Texas
Department of Public Welfare

EXAMPLE 3

Form 159
May 1974

MANAGEMENT OBJECTIVE

1. Goal To effect more knowledgable and active participation by communities in the prevention or treatment of child abuse and neglect.
2. Primary Responsibility Kathryn Hibbert

_____ Date _____
Office/Individual

3. Approved _____ Date _____

4. Objective Statement

Increase community awareness of the needs of abusive and neglectful families and increase community involvement in developing services to provide for the needs of these families.

5. Description of Output Measure

Active involvement of child welfare boards in local resource development and coordination activities.

6. Justification (cite law or regulation where applicable)

CANRED Needs and Resources Assessment which identified a need for more education of the public to the needs of abusive and neglectful families and the need to fill service gaps and work out barriers to the use of existing reousrces.

7. Strategy (include statement of secondary responsibility where applicable)

Obtain support from local child welfare staff
Initiate contact with local child welfare board
Attend local child welfare board meetings to present information and encourage its active use in the community

8. Resources (Person-days, Equipment, Dollars)

CARNED data
3 child welfare supervisors
members of child welfare boards
15 person days

9. Recommended Review/Report Dates

weekly

10. Action Steps (number each step)	Dates
See attached tracking forms	

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State of Texas
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TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

Status as of:
June 1978

Goal: To effect more knowledable and active participation by communities in the prevention or treatment of child abuse and neglect.

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
I. Inform child welfare boards of CANRED identified needs and recommended resource development and coordination activities					
A. Contact P.D. and supervisors to request inclusion on CWB agendas	Davis	3/28/78	4/3/78	Complete	
B. Contact CWB members of each county previous to meetings to obtain support	Davis	3/29/78	4/6/78	Complete	
C. Attend County CWB meetings					
1. Madison County					
a. present CANRED results	Davis	4/3/78	4/3/78	Complete	
b. discuss particular need for transportation and parenting education	Davis/CWB	4/3/78	4/3/78	Complete	
2. Lee County					
a. present CANRED results	Davis	4/5/78	4/5/78	Complete	Will approach in June for volunteers as most members are involved with school projects until June
b. Discuss need for resource directory and plans to develop one	Davis/CWB	4/5/78	4/5/78	Complete	

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Status as of:

TRACKING ACTIVITY REPORT (TAR)

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April 1977

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
3. Fayette County					
a. present CANRED results	Davis	4/10/78	4/10/78	Complete	
b. discuss particular need for transportation and parenting education	Davis/CWB	"	"	"	
4. Caldwell County					
a. present CANRED results	Davis	4/18/78	4/18/78	Complete	
b. discuss need for resource directory	Davis/CWB	"	"	"	
c. obtain active involvement of board on project	Davis	"	"	"	1 board member obtained to assist with up dating Caldwell County Resources
5. Bastrop County					
a. present CANRED results	Davis	4/18/78	4/18/78	Complete	meeting had too few numbers for a quorum; those attending were interested
b. discuss particular need for parenting education	Davis/CWB	"	"	"	
6. Brazos County					
a. Present CANRED results	Davis	4/20/78	4/20/78	Complete	also discussed community resource directory which MHMR is completing for Brazos and surrounding counties

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TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
b. discuss need for better coordination of services between child welfare & Bluebonnet Psychiatric Center	Davis/CWB	4/20/78	4/20/78	Complete	
c. discuss need for 24 hour crisis line	Davis/CWB	"	"	"	
d. solicit board support and involvement in the development of these programs	Davis	"	"	"	board will endorse letter to voluntary agencies involved in hotline project and supported DHR-Bluebonnet project
7. Leon County					
a. present CANRED results	Davis	4/20/78	4/20/78	Complete	
b. discuss particular need for transportation	Davis/CWB	"	"	"	
8. Washington County					
a. present CANRED results	Davis	4/28/78	4/28/78	"	in process of developing a VVC & will coordinate this project idea with new VVC
b. discuss particular need for 24 hour hotline	Davis/CWB	"	"	"	Day care is not feasible--TDCA conducted recent study showing no community support to expand day care
9. Llano County					
a. present CANRED results	Davis	5/2/78	5/2/78	"	no response
b. discuss particular need for clothing project	Davis/CWB	"	"	"	

*Change in item since last TAR

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Status as of:

TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
10. Williamson County					
a. present CANRED results b. discuss particular need for day care and emergency subsistence	Davis	5/2/78	5/2/78	Complete	very enthusiastic active and well informed board; family counseling is being expanded and a community resource directory has been started
11. Burnet County					
a. present CANRED results	Davis	5/18/78	5/18/78	"	
b. discuss particular need for day care and parenting education	Davis/CWB	"	"	"	requested that I attend next meeting with VVC to help plan day care or parenting education project
12. Grimes County					
a. present CANRED results	Davis	5/22/78	5/22/78	"	only 3 members present
b. discuss particular need for parenting education	Davis/CWB	"	"	"	Board has sponsored a summer recreation project for youths
D. Follow-up contacts to encourage part.					
1. Lee County					
a. discuss plans for resource directory	Davis	6/15/78	6/15/78	Incomplete	Only two members present--no quorum--will contact individual members. Contacted member, Thelma Washington, she will coordinate ongoing phases of the project.
b. recruit volunteers to assist with project	Davis/CWB				
c. discuss endorsement letter for project	Davis/CWB				

*Change in item since last TAR

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Status as of:

TRACKING ACTIVITY REPORT (TAR)

Form 9202
April 1977

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
2. Burnet County					
a. present research on parenting education programs.	Davis	6/16/78	6/16/78		Burnet County was quite interested in beginning some of their own resource development projects & requested more in-depth info. be presented them
b. present research on day care programs.					
c. present model for parents anonymous.					
d. present research on adult education program.					
e. present research on Austin's pilot project "education for parenthood".					Model combines day care at high schools and offers parenting ed. and job training for teenagers not only to school age parents.

*Change in item since last TAR

State of Texas
Department of Public Welfare

EXAMPLE 4

Form 15[illegible]
May 1974

MANAGEMENT OBJECTIVE

1. Goal To improve the coordination of services between Mental Health-Mental Retardation and Department of Human Resources Child Welfare in Travis County

2. Primary Responsibility _____

_____ Date _____
Office/Individual

3. Approved _____ Date _____

4. Objective Statement

To eliminate the identified barriers and to increase communication between Child Welfare and Mental Health-Mental Retardation

5. Description of Output Measure
An increase in communication and cooperation and exchange of information between staff of the two agencies

6. Justification (cite law or regulation where applicable)

CANRED Project Needs and Resources Assessment Report: Identifying barriers to use of Mental Health-Mental Retardation as a counseling, family counseling and parenting education resource.

7. Strategy (include statement of secondary responsibility where applicable)

To make each agency aware of coordination of service problems
Establish liaison positions to increase communication
To provide for ongoing evaluation of coordination of service efforts

8. Resources (Person-days, Equipment, Dollars)

Mental Health-Mental Retardation staff
Child Welfare staff

9. Recommended Review/Report Dates

biweekly

10. Action Steps (number each step)	Dates
see attached tracking forms	

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TRACKING ACTIVITY REPORT (TAR)

Form 92
April 19

Status as of:
June 1978

Goal: To improve the coordination of services between MHMR and Child Welfare

OBJECTIVE	Responsible Individual/Office	(Scheduled Start) / Actual Start	(Sch. Completion) / Actual Completion	CURRENT STATUS	REMARKS
I. Establish awareness of the coordination problems within both agencies.	Owens	(5/78) / 5/78	(6/78)		
A. Present CANRED findings to MHMR Director	Owens	(5/78) / 5/78	(6/78)	Initiated	Presentations will be made to each of the five MHMR Human development centers
B. Obtain MHMR active cooperation in plan	"	"	"	"	
a. meet with staff of each human development center	"	"	"	"	
C. Provide feedback to Child Welfare on MHMR view of coordination problems	"	"	"	"	
D. Obtain Child Welfare Active cooperation	"	"	"	"	
II. Increase communication between agencies		"	"	"	
A. Appoint Liaison from each MHMR Development Center	MHMR Director	"	(6/78) / 6/78	Complete	The MHMR unit purchased to provide services for child welfare will act as liaison.
B. Appoint Liaison from Child	Stanley	"	(6/78)	Initiated	Stanley has agreed to do this.
C. Arrange meetings between Liaisons	Owens	(6/78)	(6/78)	"	Liaisons will be responsible for coordinating information and working out problems between the agencies.
III. Establish a plan for periodic ongoing contact between agencies to coordinate services and to evaluate success of coordination	Liaisons	(6/78)	Ongoing	"	

Abbreviations: MHMR--Mental Health-Mental Retardation

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